The Local Health Department Guide for Hosting a Mass Vaccination Clinic

Indiana State Department of Health

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Introduction

Chapter 1

The Local Health Department Guide for Hosting a Mass Vaccination Clinic Guide has been developed to provide guidance to local health departments through the planning, preparation hosting and evaluation of mass vaccination clinics at school-based or community based locations. While targeted toward the needs of local health departments, many of the resources and planning activities can be adapted for other immunization providers to host mass vaccination clinics when necessary.

A mass vaccination clinic is defined for the purpose of this guide as an immunization clinic that has the goal of immunizing a large number of individuals within a designated location and span of time. Mass vaccination clinics may or may not be targeted toward particular demographic or geographic groups, but typically focus on providing a limited (1-2) vaccines.

Mass vaccination clinics may also be offered in a variety of locations. This guide has two primary clinic types as the focus: School-based and Community Based. School-based mass vaccinations clinics are targeted toward school aged children, while community based mass vaccination clinics are hosted at a location accessible to the entire community. A community based mass vaccination clinic may be open to all members of the community or a specific demographic within the community.

Determining the Need for Mass Vaccination Clinics

Before planning a mass vaccination clinic, it must first be decided if this is the best approach to accomplish the goal. A mass vaccination clinic may be indicated in any situation that has the potential to overwhelm local resources typically available to provide immunizations. Situations that may require hosting a mass vaccination clinic include: Disease outbreak or concern created by increased awareness; implementation of `new school entry requirements implemented, or a pandemic.

Local environment may also be a contributing factor to the decision to hold a mass vaccination clinic. Factors such as limited local private providers or low community immunization rates should be considered. Medically underserved populations may include specific groups of people who face economic, cultural, or linguistic barriers to health care. Medically underserved areas, as identified by Indiana Primary Health Care Association are listed at http://www.indianapca.org/aboutchcs/documents/mua_map_0109.pdf

Acronyms Used in the Guide

CDC: Centers for Disease Control & Prevention

CHIRP: Children & Hoosiers Immunization Registry Project

IAC: Immunization Action Coalition

ISDH: Indiana State Department of Health

LHD: Local Health Department

Getting Started

Planning a Mass Vaccination Clinic

Chapter 2

After the need to host a mass vaccination clinic has been identified, the next step is planning for the clinic. Planning for the clinic will include determining the location, date/time, which vaccine(s) will be provided and who the clinic is intended to target. This chapter will guide you through many of the logistic steps necessary for a successful mass vaccination clinic.

One of first decisions that will need to be made once the need for a mass clinic is identified is who the target audience will be for the vaccinations. If it will be school-aged children, then a school-based clinic is the recommended approach. If specific occupations are the target, such as health care workers, then partnering with the health care agency to receive the vaccinations would be appropriate. If community residents at large are the target, then looking for strong community based partners would be recommended.

Planning Partners

Partnering with the School District

A successful school-based immunization clinic requires establishing a partnership with individuals who are the key stakeholders responsible for implementation. This partnership includes the support and collaboration from the school administration such as the district superintendent and school principle, from school health staff, and from parent organizations and student organizations. The promotion of school-based immunization clinics is dependent upon partners buying in to the program. The role of each partner should be one of active participation.

School Health Staff

When hosting a school-based clinic, one of the most important partners in the planning stages will be the school health staff. The school health staff should provide the leadership or play a supporting role in the immunization clinic. Contact with the school health staff should be made early in the planning process. Having a strong partnership with the school health staff is vital to the success of a school-based vaccination clinic. If barriers exist to developing this relationship, you may want to consider approaching the local school board, parents associations or school administrations that may be able to help foster a relationship with the school nurse.

School Boards, PTOs, and School Administration

School Board – Although most school boards do not act in the day-to-day affairs of the school corporation, the support and influence of the board can be beneficial.

PTOs –Take advantage of the contact the organization has with the parents and school staff by including the Parent Teacher Organization. The PTO can assist in dispensing flyers to the parents and in hosting an educational session for parents, staff, and students.

School Administration – Engaging the school administration in the clinic process will ensure adherence to protocols and ensure the proper channels to obtain permission. It is important to include the education component, as well as the mission statement of the school/school corporation, in the planning process.

Home School Associations

Effective communication and partnership with home school associations can boost immunization rates.

Other Planning Partners

For community based mass vaccination clinics as well as school-based clinic, other planning partners should also be approached to aid in the success of the clinic. It is important to the have support of your public health nursing staff and local health officer, as well as including private immunization providers in the planning process.

Another great resource to include are instructors at local colleges of nursing or technical institutes that provide training for health trades. Mass vaccination clinics provide instructors and students an opportunity for field experience, while increasing the potential number of vaccinators during the clinic.

The partnership between the local health department and the school district and other planning partners should include:

- Regular meetings between the LHD and district partners
- Clearly defined roles of leadership
- Policies and procedures for operation
- A Memorandum of Understanding between the LHD and the school administration

Overcoming Barriers to Partnering with Schools

In some instances, you may not be able to partner with your local schools to host an immunization clinic. There are many potential barriers that may need addressed to enable a partnership with the school. Barriers may include:

- Lack of resources such as funding, time, and staffing
- Competing priorities in school health programs
- Cooperation from stakeholders at the school district level
- Consent from parents or guardian
- Family Educational Rights and Privacy Act of 1974 (FERPA)
- Compliance requirements
- Confusion about interpretation
- Physicians
- Medical home vs. school-based program - competing for services
- Incomplete immunization records
- Cultural barriers: Vaccine myths
- Documenting immunization data into CHIRP, the immunization registry

Plan B: When the School Does Not Want to Host a Clinic

Because health priorities among local schools can vary widely, it is important to have an understanding of how the priorities are established and by whom. Schools resistant to hosting a clinic will need to be convinced of the benefits of the program.

Suggestions for marketing clinic to school administration

- Present the program as a means to decrease absenteeism due to vaccine preventable disease.
- Market the program as a no cost incentive.
- Present as a method to prevent school-based outbreaks.
- Stress schools play a vital role in the health of their students by participating in a school-based immunization clinic.
- Stress how the clinic will assist in bringing the school into compliance with Indiana school law requirements
- Present the program as a benefit and not a burden upon the school, i.e. local health department staff will be brought in.

If you are unable to partner with the school to host a clinic, then you will want to consider other alternatives for hosting a clinic for school-aged children. Additional opportunities exist to form a partnership with others who can champion the program. Alternatives include partnering with local community organizations that target school-aged children, such as afterschool programs that are not associated with the school (i.e. Boys & Girls Club, YMCA, etc.), other immunization associations, the LHD medical officer, sports associations, medical assistants, or other local medical associations.

Scheduling the Clinic

The first task the clinic planning team will need to accomplish is scheduling the clinic. A variety of things should be considered when scheduling the clinic. Complete the following *Scheduling a Clinic worksheet* to ensure all the appropriate details are addressed.

Who: Clearly define who the target audience is for the clinic.

With limited resources for school-based immunization drives, the decision must be made as to what age groups to target for vaccination. Determining WHO should be included requires careful weighing of advantages and disadvantages. If a school-based clinic is being planned, then determine which grades will be targeted. If a community based clinic, then determine priority groups. Will the target population include all students, biological age or grade level, or VFC eligible children only?

For example, if a community based influenza clinic, then people 65 and over may be the target audience. Decisions will need to be made regarding vaccine eligibility. If ISDH provided vaccine is being used during the clinic, then ISDH guidelines for that vaccine will need to be followed, such as VFC eligibility. Special initiatives with expanded vaccine eligibility may be put into place by ISDH for particular vaccines, if funds are available. (See special H1N1 Guidance.) Contact the ISDH Immunization Division early during the planning stage to determine if your mass vaccination clinic may be part of a special initiative.

What: Define which vaccine(s) will be provided.

During a mass vaccination clinic, the types of vaccines available should be limited to 1 to 2 targeted vaccines, such as a mass influenza vaccination clinic. Determine which vaccine(s) is needed based on the needs identified in chapter 2. If the clinic is in response to an outbreak, then focus on only offering the vaccine(s) related to the outbreak. If the clinic is in response to new school requirements, then provide the new vaccine(s) that are required rather than offering an entire range of vaccines.

As stated in the 'Who' section above, special initiatives may be implemented by ISDH to expand vaccine eligibility for particular vaccines. For instance, in 2009, ISDH received additional funding to provide Tdap and MCV4 vaccines to all school age children, regardless of VFC eligibility to address a new school requirement. Contact the ISDH Immunization Division for more details on special initiatives that may be implemented to address new requirements or outbreak situations.

Getting Started: Planning a Mass Vaccination Clinic

When: Set a date and time.

Like planning any event, picking the date and time involves a variety of considerations. When deciding on a date for the event, consider other school or community events that may already be taking place that would conflict with the clinic. Planning around holidays, field trips, sports events, and other school related activities, such as end of the year or mid-term exams, can be a challenge. Also be sure to allow enough time to fully prepare for and promote the clinic. Other considerations include staff and location availability.

When selecting a date, also plan for an appropriate time of day. If the clinic is school-based, work with the school nurse to develop a plan to vaccinate students during the school day. If the school is unable to allow students to participate in the clinic during the day, plan for an appropriate time frame before or after school hours or on the weekend. The clinic date and time must allow for easy access to the participants.

In some circumstances, a short turn-around time may be necessary, especially in outbreak or pandemic situations. Please refer to Appendix A: Emergency Response Mass Vaccination Clinics for more details on planning the clinic that will need to be implemented right away.

Where: Determine a location.

If hosting a school clinic, determine where inside the school the vaccinations will be administered. If hosting a community clinic, select a location that is accessible to the community and provides enough space for a large number of people to rotate through the facility. Consider a local gymnasium, community center or other larger event gathering venues. Keep in mind when selecting a location not only space to administer the vaccines, but an area to register individuals prior to administration. If possible, having a registration area outside the main vaccine administration area can help with traffic control.

Other considerations include having an area to store the vaccine on site. (See Chapter 4 for more information on Maintaining the Cold Chain.) Mass vaccination clinics should also utilize CHIRP Mass Immunization Module (See Chapter 5.), which requires having space and electricity for computers (preferably laptops), as well as having internet access. You will also want to select a site that is handicap accessible, particularly if hosting a community based clinic.

How: Make a plan for how the clinic will operate.

Having a detailed plan for how participants will be registered, the vaccine administered and the data input into CHIRP during the clinic is essential. If these details are left to chance, expect a stressful and chaotic day. Once the location has been identified, a traffic flow plan can be established to direct participants from arrival, through the registration process to vaccine administration to monitoring for adverse reactions and exiting the clinic.

The plan should include the clinic stations and the expected processing time for each station. Key points for consideration include how many students will be seen per hour and how long each will spend in the clinic. The location capacity will determine how many stations to plan for. Too many patients in the clinic at a given time can cause overcrowding, congestion, and confusion. Plan the layout and participant flow carefully and allow ample staffing for each station.

Possible Stations

- Registration
- Education
- Screening
- Vaccination
- Symptoms
- Exit

What Else? Think About Other Considerations.

Other considerations may be brought up during the planning stages that had not been anticipated. Whether or not to charge an administration fee or a vaccine fee for privately purchased vaccine must be decided in the early planning stages.

When hosting a mass vaccination clinic, it is recommended to not charge administration fees for ISDH provided vaccine to alleviate the additional duties related to collecting fees. If providing ISDH provided vaccine, administration fee guidelines, such as not charging the fee to Medicaid eligible patients and not exceeding $14.47 for non-Medicaid eligible patients, still apply.

Scheduling a Clinic Worksheet

Who & What

Why is a clinic being suggested?

- ❒ To boost waning immunity
- ❒ For outbreak control
- ❒ Epidemiological consideration
- ❒ Reduce the morbidity/mortality of a specific disease
- ❒ To protect from a particular disease
- ❒ New school immunization requirement
- ❒ New ACIP recommendation

Which vaccine-preventable disease(s) is the target?

_____

Is there a specific age group to be targeted?

Yes _____ No, general public target

When

What day of the week is best for the target audience?

_____

What is the best time of day for the target audience?

_____

What barriers may exist to hosting the clinic during this date/ time? (Ex. Students leaving class)

_____

How will you address these barriers?

_____

Will enough vaccine supply be available?

_____

Where

Suggested locations:

_____

_____

_____

_____

Location Considerations

- ❒ Size of room(s)
- ❒ Place to store vaccine onsite
- ❒ Separate entry and exit doors
- ❒ Travel time to and from site
- ❒ Accessibility
- ❒ Available parking
- ❒ Room availability for suggested date/time
- ❒ Room availability prior to start of clinic for setup
- ❒ Cost of space rental
- ❒ Electrical outlets available
- ❒ Internet access available
- ❒ Tables/chairs available

Final Summary

Target Audience: _____

Vaccine(s): _____

Date/Time: _____

Location: _____

Clinic Planning Checklist

Adapted from http://www.nasn.org/Portals/0/getsmart_resource_guide/checklist.doc

Five to Six Months Prior to School Clinic

- ❒ Approach school administrators/officials and school nurses to determine interest in and support for vaccination clinic.
- ❒ Prepare disease and vaccine information to present to school officials.
- ❒ Determine who will obtain approval/permission needed. Ensure necessary documentation of approval.

Three to Four Months Prior to School Clinic

- ❒ Meet with school nurses for preliminary planning.
- ❒ Determine roles of involved LHD staff and school nurses and staff.
- ❒ Select time and date for clinic during school hours.
- ❒ Work with school nurse to identify and secure clinic location that provides easy access for students, access for emergency medical personnel, if needed (e.g., ground level, wide doors), and access to proper refrigeration of vaccine.
- ❒ Discuss vaccine order (e.g., amount needed, vaccine being used, etc.) with ISDH Immunization Program
- ❒ Order vaccine for use at clinic; investigate liability insurance, if applicable.
- ❒ Tailor template toolkit materials to include information about your clinic:
  - ❒ Flyer
  - ❒ Parent letter
  - ❒ Parent/student educational materials (e.g., fact sheet)
  - ❒ Consent/CHIRP forms
- ❒ Determine other resources identified for advertising the clinic.
- ❒ Contact local providers/local hospitals to assist with promotion of the clinic and solicit available RNs or clerical staff to help administer vaccine during the clinic, if necessary.

Two Months Prior to School Clinic

- ❒ Finalize all clinic promotional and informational materials.
- ❒ Display and distribute customized flyer to announce clinic to students and their parents.
- ❒ In cooperation with school nurse, host an educational session where parents can obtain additional information about the disease(s) and immunization(s) and distribute flyers, VIS sheets, consent forms, etc.
- ❒ In cooperation with school nurse, host a school assembly to inform students about applicable VPDs and distribute appropriate materials.
- ❒ Set up a table at back-to-school night or another school event to pass out materials, answer questions from parents about the disease(s) and alert parents to the upcoming clinic.
- ❒ Work with school nurse to review immunization records of students and determine which students are to be vaccinated.
- ❒ Continue to arrange for extra staffing, if necessary.

One Month Prior to School Clinic

- ❒ Send letter along with administrative forms (consent form, Vaccine Information Statement (VIS) sheet, CHIRP signature form) to parents encouraging registration for vaccination.
- ❒ Work with school nurse to include information about the vaccination clinic in school newsletter, calendar and/or Web site to alert parents and students.
- ❒ Verify school nurse is collecting consent forms & compiling list of students being immunized.
- ❒ Follow up with students with incomplete paperwork (if necessary).
- ❒ Begin confirming details for event (e.g., vaccine order status, staff schedule).

Two to Three Weeks Prior to School Clinic

- ❒ Arrange for proper handling, storage and disposal of vaccine and medical supplies.
- ❒ Organize records and documents or verify school nurse is organizing paperwork.
- ❒ Prepare Vaccination Clinic Record to keep track of immunizations and any other necessary paperwork that need be filed after the clinic. (Can use CHIRP signature sheet also)
- ❒ Assist school nurse in preparing student immunization schedule assigning times for students to be immunized.
- ❒ Confirm staffing for clinic.

One Week Prior to School Clinic

- ❒ Ask school nurse to remind students who have pre-registered about the clinic; if possible, place calls to parents of children who have registered.
- ❒ School nurses should remind teachers and administrators about clinic timing; school nurse should alert them to which students are involved.
- ❒ School nurse can arrange for school announcements about vaccination clinic.
- ❒ School nurse: Display vaccination clinic flyers around school.
- ❒ Finalize logistics for event.

Day of School Clinic

- ❒ Arrange for school announcements about vaccination clinic.
- ❒ School nurse: Collect outstanding forms from each person receiving vaccination, or their parents (if under 18), if not yet received.
- ❒ Ensure proper handling, storage, administration and disposal of vaccine and medical supplies.
- ❒ Complete necessary paperwork.

After The School Clinic

- ❒ Record all immunizations in CHIRP.
- ❒ Give copy of immunization record to student or parent.
- ❒ Evaluate program success.

Getting Ready

Preparing for a Mass Vaccination Clinic

Chapter 3

After the main details for the clinic have been decided (date/ time, location, vaccinations, etc.), participant recruitment and clinic preparation activities should begin.

Recruiting Participants

Determine which recruitment strategies will be most effective in reaching your target audience. If targeting school-aged children, sending home a notice to parents about the clinic would be a more effective strategy than developing a mass media campaign. For a community based clinic, promoting the clinic on the local television news or local newspaper may be most effective.

Recruitment strategies can be done for little to no cost, especially if properly planned and electronic resources and earned media utilized. Below are some suggested strategies for recruiting clinic participants.

Strategies for School-based Recruitment

Strategies may vary depending on age group targeted.

- Parent mailing with cover letter, informational flyer and consent packet
- Kindergarten roundup or school registration packet of materials, include consent packet
- Posters or signs in school hallways/classrooms
- Parent Newsletter Article
- Flyers to send home/hand out with students (Not recommended for Jr. High/High School)
- School newspaper article
- Post as event to school calendar
- Reminders on morning announcements
- Create a Facebook event
- Educational assemblies or guest speakers

Strategies for Community Based Recruitment

- Editorials or letters to the editor in community newspaper
- Press release to local media outlets (include foreign language outlets, if applicable)
- Flyers/posters/signs in libraries, local churches, pharmacies, grocery stores or physician offices
- Local television community calendars

Educating the Community

Parents, patients, and staff as well as the community should be given information of the vaccine preventable disease(s) and the recommended vaccines. Information should be brief, factual, and easy to understand. Another suggestion is to offer a Parent Information Night at the host school, where a presentation on vaccine, VPDs, and vaccine safety can be given for parents and community members.

It is important to encourage parents and community members to seek out credible sources for vaccine information. A list of credible resources should be provided to parents and community. Ready-to-use materials are available from multiple sources, including the CDC (http://www.cdc.gov/vaccines), National Network for Immunization Information (http://www.immunizationinfo.org/) and the Children's Hospital of Philadelphia (http://www.chop.edu/consumer/jsp/microsite/microsite.jsp?id=75918).

Completing the Consent Paperwork

Compile Consent Paperwork Packet of Information.

When hosting a school-based clinic, parental consent will need to be provided and may be collected prior to the clinic date. A consent packet can be sent home with students in the week prior to the clinic.

A signed form from the parent/guardian authorizing the administration of the vaccine must be completed. By federal law, the Vaccine Information Statement (VIS) must be provided to parents/guardians prior to immunization. These items can be combined with recruitment activities.

Other forms or paperwork that may need to be included in the consent packet include the VFC eligibility screening form, health screening questionnaire and a copy of their current immunization record, if available. (See Appendix for sample consent packet items.)

Suggested Consent Packet Items.

- Vaccine Information Statement (VIS)
- Consent form
- VFC screening eligibility
- Current immunization status

Getting Ready: Preparing for a Mass Vaccination Clinic

Determine and target those who need to receive the vaccine(s).

For school-based clinics, work with the school nurse to determine which students have not previously received the targeted vaccines. This can be done as part of the recruitment efforts.

School nurses can create a list of students who need a new school required vaccine and ensure those students are targeted in recruitment efforts, as well as eliminating the students who do not need to participate in the school clinic. School nurses can utilize current school immunization records in addition to CHIRP to create the list of targeted list.

Suggestions for Screening Process

- Who will do pre-immunization screening? Works best if responsibility assigned to one only person, such as School nurse or LHD staff
- Records that may be reviewed include:
    - Copy of immunization card provided by parent/ guardian
    - CHIRP records
    - School immunization records on file

Strategies from the Field: Determine which immunizations are needed prior to sending home forms with specific student and alert parent to needed immunizations.

Determine Consent Packet Distribution.

If the consent packet is distributed as part of the recruitment activities, then the process for how the forms will be returned to the school must be included in the packet of information that is distributed with the recruitment materials. If the consent packet is distributed separately from recruitment, then a distribution plan will need to be established to ensure the consent packet is received by the parent/guardian.

When developing the distribution plan, work with the school nurse to determine the most appropriate method for the group of students being targeted. Consider the potential for lost forms if packet being sent home with students, the cost of mailing packets of materials to parents, and ability to distribute packet electronically to parents.

Suggestions for Distribution

- Work with school nurses and staff to determine best method.
- Sent home by school nurse with student. Consider potential for lost forms
- Mailing of forms to parents. Consider costs
- Handout forms at school event (i.e. Kindergarten roundup)

Determine Consent Form Return Process.

When developing the distribution plan for the consent packet, be sure to include the process for returning the consent forms to the school and how the school will create a list of students returning forms prior to clinic. Remember to protect the students' confidentiality when developing the consent form return process.

All students participating in the clinic will need to have their need for the vaccine verified by checking the school immunization record on file, parent provided immunization record or their CHIRP record. It is recommended to assign the responsibility of verifying student need and consent form completion to one clinic partner, either the school nurse or the public health nurse organizing the clinic. The list of students who have returned completed paperwork and who are in need of the vaccinations provided should be finalized prior to the clinic.

Clinic Supplies

Many supplies other than vaccine are necessary to run a mass vaccination clinic, from general office supplies for completing paperwork to medical supplies for vaccine administration.

Ordering the Vaccine

When hosting a mass vaccination clinic, it is essential to have enough vaccine available to immunize the anticipated number of participants. Having determined previously in the planning stage which vaccine(s) will be offered and who the target audience for the vaccine will be plays a large role in planning your vaccine order.

Follow the following steps to ensure enough vaccine is available during the mass vaccination clinic. Providers are encouraged to contact the ISDH Immunization Program well in advance of the planned mass vaccination clinic(s) to determine vaccine ordering time estimates.

1. Estimate the amount of vaccine needed.
2. Notify ISDH of your plan to host a mass vaccination clinic. Provide ISDH with the date of the clinic and the estimated number of participants. Previously, ISDH approval was necessary to host a mass vaccination clinic. While approval is not needed, by making ISDH aware that a mass clinic is being hosted and an anticipated amount of vaccine to ordered, the order can be processed upon receipt.
3. Prepare refrigerator for storage of vaccine. When receiving a large order of vaccine for a mass clinic, it is imperative that enough refrigeration storage space is available for hold the order upon receipt. If necessary, plan for an alternative location for the vaccine to be stored, such as the site of the clinic. (See Chapter 5 regarding Maintaining the Cold Chain.)

Medical Supplies

In addition to the vaccine, basic medical supplies will need to be available at the clinic. While many everyday medical supplies are available when providing immunizations at the local health department, planning for which supplies will need to be transported to the school or community location cannot be overlooked. Medical supplies that you will need range from gloves and bandages to sharps containers and emergency supplies. (See the *Final Checklist For Clinic* for a list of recommended medical supplies.)

General Office Supplies

Often the most obvious things are the ones we forget to consider packing. Basic office supplies, such as paper and pens, will need to be transported to the clinic, in addition to the vaccine and medical supplies. Don't forget to have plenty of extra copies of any forms being used during the day! (See the Supplies Checklist for a list of recommended office supplies.)

Tip from the Field: Get a small plastic storage container that has a lid with a handle. Make this your portable office supply box. This box can be kept stocked at all times with the basic offices supplies needed for mass clinics as well as any other events your office may host off-site.

Clinic Logistics

The final stage in the preparation process is determining the clinic logistics. This involves making final arrangements for getting the vaccine and other supplies to the location, who will be responsible for what tasks before and after the clinic and other basic operations of the how the clinic will be implemented.

Vaccine Storage & Handling

Determine how the vaccine and other supplies will be transported to the clinic and who will be responsible for ensuring the cold chain is maintained during transport. Consider which vehicle will be used, how the vaccine will be loaded into the vehicle, how long the vaccine will be in the vehicle before it reaches the location and how the vaccine will be transported from the vehicle and stored at the location. (See Chapter 5 for more information on Maintaining the Cold Chain at the Clinic Location.)

Vaccine Storage at Clinic Location

Confirm the plan for vaccine storage at the clinic location in the days prior to the clinic. If planning to use refrigeration available at the location, any refrigerator/freezers used should be pre-inspected prior to clinic date to ensure proper temperatures are being maintained. Temperature logs should be kept on any refrigerator/freezer intended for vaccine storage at the clinic location. Consider starting temp logs 1-2 weeks prior to clinic date to ensure stability of storage unit before placing vaccine in the unit. If refrigeration is not available at the clinic location, have a plan for how coolers will be properly used. (See Chapter 5 for more information on Monitoring the Temperature and tips for using coolers.)

Staffing the Clinic

Determine how many staff members will be needed at the clinic and what job functions they will perform. Look for staff from other partners involved in the clinic planning, such as the school nurse or community organizer. If recruiting staff to assist that are not employed by the local health department, check with your county legal counsel regarding any liability issues that may exist with using volunteers, student nurses or local health care providers during the clinic.

Strategies from the Field: A parent volunteer can help keep the rest of the class occupied while students are immunized. They can read a story on good hand-washing, oversee gym play, or simply keep them waiting quietly as a group.

Here are some examples of different job functions that may be needed during the clinic.

- Intake/clerical staff to staff the registration table and perform the verification and collection of consent and all records. Intake staff may also provide students with the health screening questionnaire to allow them to review while waiting to be vaccinated.
- CHIRP Data entry staff to input the immunization into the registry. (See Chapter 6: CHIRP Mass Immunization module).
- Vaccinators to administer the vaccines. Vaccinators can collect the health screening questionnaire and review prior to administration to ensure the vaccine is not contraindicated
- Crowd control staff should assist in moving individuals through the clinic and resolving any issues that arises and may delay individuals during the clinic.
- A vaccine manager should be appointed to be responsible for checking the vaccine temperatures, ensuring the cold chain in maintained and assist with any issues regarding vaccine or other supplies.
- An adverse event or emergency responder should also be identified to deal with any emergency events that may occur following vaccination.
- Additional staff without specific duties assigned can assist with running errands, refilling supplies or other duties to prevent other staff from having to step away from their task.

Scheduling Staff

Determine how many staff will be needed, especially vaccinators, and recruit enough individuals prior to the clinic to perform all job functions.

Calculating How Many Vaccinators

You can estimate how many vaccinators may be needed mathematically.

1. Determine how many individuals one vaccinator can immunize during the length of the clinic. Take the average duration of administering a vaccination divided by the length of the clinic. In mock clinic trials using CHIRP Mass Immunization Module, the average duration of vaccine administration was less than 5 minutes per person. (Example: 4 hour clinic = 240 minutes. 240 minutes/5 minutes per person = 48 people per vaccinator.)
2. Determine how many vaccinators are needed for the anticipated number of participants. Take the anticipated number of participants divided by the number of people per vaccinator from Step 1. (Example: 500 anticipated participants/48 people per vaccinator = 10-11 vaccinators needed at 5 minutes per person.)

When calculating how many vaccinators it is important to use a correct estimate for the average duration per person. Statistically, the vaccine can be administered, the data input into CHIRP by the CHIRP Data entry staff and the person exiting the clinic in as little as 2 minutes. The less duration per person will mean the less number of vaccinators needed to reach the anticipated participants.

Other things to consider when planning staff is whether or not staff will be given breaks, especially if the clinic is several hours in duration. Be sure to subtract any break times from the length of the clinic when calculating Step 1.

Preparing the Staff

Review each job function with the individuals staffing the clinic prior to the clinic start. Review proper injection procedures with vaccinators, how to register and what paperwork is needed with intake and clerical staff, how the clinic will run and who they should notify should an issue or emergency arise. If a school-based clinic, the role of the school nurse should also be clearly defined and communicated to the other clinic staff.

Strategies from the Field: Having an extra pair of hands or two to open vaccine boxes and band-aids, run paperwork between stations and just help out with general duties is very helpful and keeps the flow of the clinic going smoothly!

Final Checklist Before Clinic

Registration Materials

- ❒ List of students who returned consent and VFC eligibility forms
- ❒ Health screening form (contraindications/precautions)
- ❒ Extra VIS and vaccine educational materials
- ❒ Signs for clinic stations and between stations
- ❒ Queue partitions (to keep people in lines), roping

General Supplies & Equipment

- ❒ Tables
- ❒ Chairs
- ❒ Water and cups
- ❒ Paper
- ❒ Pen, pencils
- ❒ Envelopes
- ❒ Rubber bands
- ❒ Tape
- ❒ Stapler/staples
- ❒ Scissors
- ❒ Post-it Notes
- ❒ Clipboards
- ❒ Paper clips/Binder clips
- ❒ File folders
- ❒ File boxes
- ❒ Telephone/Cell phones
- ❒ Paper towel
- ❒ Kleenex tissue
- ❒ Table pads/clean paper
- ❒ Trash containers/bags
- ❒ List of emergency phone numbers

Vaccines & Administration Supplies

- ❒ Needles
- ❒ Syringes
- ❒ "Sharps" containers
- ❒ Latex gloves (Various sizes)
- ❒ Latex-free gloves
- ❒ Alcohol wipes
- ❒ Rectangle band-aids
- ❒ Gauze
- ❒ Adhesive tape
- ❒ Spray bottle of bleach solution
- ❒ Cleaning wipes
- ❒
- ❒
- ❒ Antibacterial hand-washing solutions

Cold Chain Maintenance

- ❒ Cooler/refrigerator
- ❒ Cold packs
- ❒ Thermometers
- ❒ Temp logs

CHIRP Entry

- ❒ Computers/laptops
- ❒ Printers/Ink cartridges
- ❒ Power cables/extension cords
- ❒ Internet access

Staffing

- ❒ Confirm all staff for date and time of clinic
- ❒ Clerical
- ❒ Nursing
- ❒ Extra/volunteers
- ❒ Create staffing assignment sheet and clarify duties

Transportation of vaccine to site

- ❒ Assign staff to transport vaccine to clinic
- ❒ Plan for maintenance of cold chain at all times

Clinic site

- ❒ Confirm and inspect location
- ❒ Confirm appropriate set up in room
- ❒ Tables for supplies
- ❒ Chairs for students and staff
- ❒ Emergency access
- ❒ Traffic flow pattern
- ❒ Introduce self to school staff

Emergency Medical Supplies

- ❒ Standing orders for emergencies
- ❒ Epinephrine 1:1000 SQ
- ❒ Diphenhydramine 50 mg IM
- ❒ Tuberculin syringes with 5/8" needles (for epinephrine)
- ❒ 3cc syringes with 1", 25-guage needles
- ❒ Alcohol wipes/Sterile dry pads
- ❒ 1.5' needles
- ❒ Bandages
- ❒ Tongue depressors
- ❒ Adult and pediatric pocket masks with one way valve
- ❒ Adult/pediatric airways tubes
- ❒ Tourniquet
- ❒ Gurney
- ❒ Stethoscope
- ❒ Flashlight/batteries
- ❒ Blood Pressure Monitor
- ❒ Instant Cold Packs
- ❒ Cots
- ❒ Blankets
- ❒ Pillows
- ❒ Suckers/Small Containers Juice
- ❒ Small cool packs

Other Helpful Hints

- ❒ Generic white paper bathmats to use as clean work surface
- ❒ Small grocery/trash bags for each station
- ❒ Always make sure to have blank copies of any paperwork in case more copies are needed
- ❒ Half page, double sided sheets often work as well as full pages

Ready, Set, Go

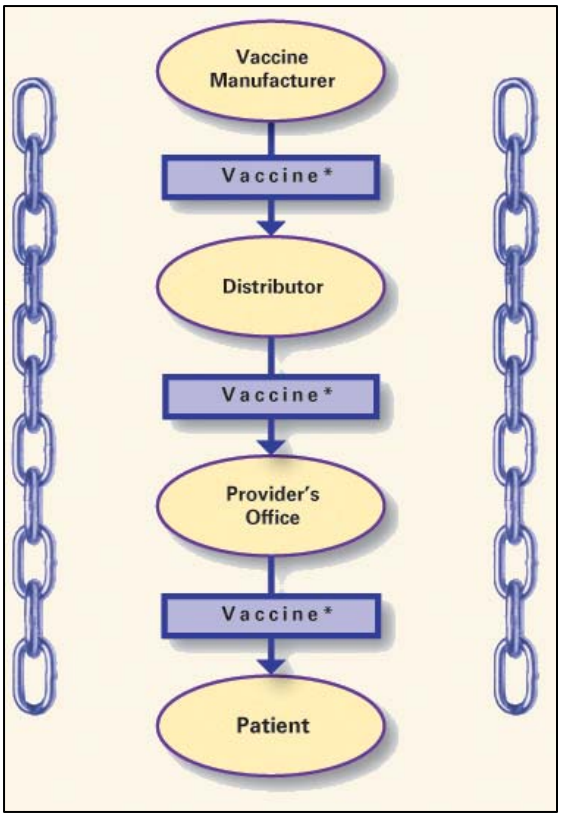
Implementing a Mass Vaccination Clinic

Chapter 4

How to Manage the Cold Chain

Understanding the Cold Chain

The storage and handling of vaccines is a vital component of the vaccination process. The system used to keep and distribute vaccines in good condition is called the cold chain. The cold chain begins with the manufacturer, continues to the distributor and then to the provider until the vaccine has been properly administered to the patient. It is vital that proper storage has been maintained through the entire link.



This process is then extended anytime the vaccine is being transported to off-site clinics. The best assurance of vaccine efficacy is to minimize the number of times vaccines are handled and transported. If vaccine transportation is necessary for an off site clinic, it is critical that vaccine potency is protected by maintaining the cold chain at all time. While there is no defined limit to the number of times vaccine may be transported to off site clinics, multiple transport increases the risk that vaccine will be exposed to inappropriate storage conditions.

Packing Vaccine for Transport to Off Site Clinics

Providers should have written protocol and appropriate packing materials to safely transport vaccines to off site clinics. These materials include insulated containers, such as the shipping boxes received from McKesson, refrigerated/frozen packs, packing materials, thermometers, and dry ice (depending on the type of vaccine being moved).

The following are general guidelines for packing vaccine.

- Use properly insulated containers to transport vaccine. These containers should be validated to ensure that they are capable of maintaining the vaccine at the correct temperatures. You may use the shipping containers the vaccines arrived in from the manufacturer. Alternatively, you may use hard-sided plastic insulated containers or Styrofoam™ coolers with at least 2-inch thick walls. **Thin-walled Styrofoam™ coolers, such as those purchased at grocery stores to hold beverages, are not acceptable**.
- Pack enough refrigerated/frozen packs to maintain the cold chain. Do not use loose or bagged ice. The number and placement of refrigerated/frozen packs inside the container will depend on container size and outside temperature.
- Be sure to place an insulating barrier (e.g., bubble wrap, crumpled brown packing paper, Styrofoam™ peanuts) between the refrigerated/frozen packs and the vaccines to prevent accidental freezing. A layer of toweling is not sufficient as a barrier. The contents of the container should be layered as follows: refrigerated/frozen packs, barrier, vaccine, thermometer, another layer of barrier, and additional refrigerated/frozen packs.
- Pack vaccines in their original packaging on top of the barrier. Do not remove vaccine vials from boxes, and do not draw up vaccine in advance.
- Use a properly placed thermometer near the vaccine to assess whether the cold chain has been broken. The thermometer should be placed next to the vaccine and should not come in contact with the refrigerated/frozen packs.
- Attach labels to the outside of the container to clearly identify the contents as being valuable and fragile vaccines.
- Record vaccine type(s), quantity, date, time, and originating facility on a label on the outside of the container.

Transporting Diluent

Diluent should travel with its corresponding vaccine at all times to ensure that there are always equal numbers of vaccine vials and diluent vials for reconstitution. Additionally, the diluent must always be of the correct type and from the same manufacturer as the vaccine it accompanies.

Diluent may be transported or shipped at room temperature or inside the same insulated cooled container as its corresponding vaccine. If transported inside cooled containers, diluent must not be in direct contact with refrigerated/frozen packs because of the potential for freezing. Refrigerate diluent in advance if it is to be carried in the insulated transport container so that it does not raise the temperature of the refrigerated vaccines.

Diluent for MMR, MMRV, varicella, and zoster vaccines may be transported at room temperature at 68° to 77°F (20° to 25°C), but must never be transported inside a container with dry ice.

Vaccine Storage at the Off site Location

The cold chain must be maintained once vaccine has been transported to the off site clinic. Ideally, vaccines should be transferred to and stored in a storage unit at the off site location. Either a standard combination refrigerator/freezer unit or a small, single-door (dormitory-style or bar-style) combined refrigerator-freezer units are acceptable for the short-term storage of small quantities of refrigerated vaccines. All vaccines must be returned to the main storage unit at the end of the clinic day. If off site storage units are utilized, prior temperature monitoring is required to ensure that the refrigerator and freezer compartments can maintain proper temperatures throughout the clinic day. Separate thermometers will be necessary to monitor temperatures 2-3 days prior to the off site clinic. *Additional thermometers can be obtained through the Indiana Immunization Program.*

If neither a full-size unit nor a dorm-style unit is unavailable for use at the off site location, vaccines can be stored in portable refrigerators and/or in the Styrofoam™ containers used for transport. If vaccine must be maintained in an insulated cooler during an off site clinic, keep the cooler closed as much as possible. Limit the opening/closing of the cooler by taking out 5 doses at a time. A thermometer must be kept in the cooler with the vaccines, and temperatures should be checked and recorded periodically to ensure that the cold chain is not broken.

Monitoring Temperatures during Off site Clinics

All vaccine storage units or containers must be monitored for temperatures throughout the clinic day. The refrigerator compartment must maintain a temperature range between **35° and 46°F (2° and 8°C).** The temperature should never fall below 35° F (2° C) or rise above 46° F (8° C). It is best to set the temperature mid-range to achieve an average of 40° F (5° C). This temperature setting will provide the best safety margin.

The National Center for Immunization and Respiratory Diseases, Centers for Disease Control and Prevention recommends that, at a minimum, vaccine temperatures be checked and recorded **hourly**. Assign a single staff person to monitor and record storage unit temperatures throughout the clinic day on an hourly basis.

Adapted from the Centers for Disease Control and Prevention "Vaccine Storage and Handling Toolkit: This toolkit can be accessed at the following link: http://www2a.cdc.gov/vaccines/ed/shtoolkit/default.htm

Vaccine Storage and Handling at Off-Site Clinic Locations

General Recommendations

The best assurance of vaccine efficacy is to minimize the number of times vaccines are handled and transported. If vaccine transportation is necessary for an off-site clinic, it is critical that vaccine potency is protected by maintaining the cold chain at all times. While there is no defined limit to the number of times vaccine may be transported to off-site clinics, multiple transport increases the risk that vaccine will be exposed to inappropriate storage conditions.

Vaccine Transport

Ensure that you have the appropriate packing materials to safely transport vaccines to off-site clinics. These materials include insulated containers, such as the shipping boxes received from McKesson, refrigerated/frozen packs, packing materials, thermometers, and dry ice (depending on the type of vaccine being moved).

Transporting Diluent

Diluent should travel with its corresponding vaccine at all times to ensure that there are always equal numbers of vaccine vials and diluent vials for reconstitution. Additionally, the diluent must always be of the correct type and from the same manufacturer as the vaccine it accompanies.

Vaccine Storage

The cold chain must be maintained once vaccine has been transported to the off-site clinic. Ideally, vaccines should be stored in a refrigerator at the off-site location. If neither a full-size unit nor a dorm-style unit is unavailable for use at the off-site location, vaccines can be stored in portable refrigerators and/or in the Styrofoam containers used for transport.

Temperature Monitoring

All vaccine storage units or containers must be monitored for temperatures throughout the clinic day. The refrigerator compartment must maintain a temperature range between **35° and 46°F or 2° and 8°C.** The National Center for Immunization and Respiratory Diseases, Centers for Disease Control and Prevention recommends that, at a minimum, vaccine temperatures be checked and recorded **hourly**.

At the End of the Clinic Day

Dispose of any unused or wasted doses that occurred during the clinic day. Any remaining vaccines should be returned to their permanent storage unit at the end of the clinic day. Continue to maintain the cold chain for the return transport to the main clinic.

Cold Chain Do's & Don'ts

Do's

- Do designate one person to be responsible for vaccine storage and handling.
- Do monitor temperatures throughout the transport process.
- Do monitor and document temperatures hourly once at the off-site clinic.
- Do store refrigerated vaccine at 35°- 46°F or 2° - 8°C.
- Do keep all vaccines in their original cartons to prevent exposure to light.
- Do take immediate action if temperatures are found to be out of range.
- Do limit the opening/closing of storage units.

Don'ts

- Don't transport varicella or varicella-containing vaccines to off-site clinics.
- Don't place vaccines directly next to freezer packs during transport.
- Don't place insulated containers in the trunk area during transport.
- Don't store food or beverages in the storage unit.

Cold Chain Checklist for Transport to Off Site Location

Planning for Transport

- ❒ Designate a staff person to be in charge of the storage and handling of all vaccines during the off site clinic
- ❒ Finalize storage and handling details for the off site clinic location one week before the scheduled clinic
- ❒ If vaccine will be stored in an on-site storage unit, ensure that thermometers are provided in advance
- ❒ Provide logs for temperature monitoring 2 -3 days prior to the scheduled clinic date
- ❒ Ensure that the temperature in the on-site unit is maintained at 35° - 46°F or 2°- 8°C
- ❒ Determine the quantity of vaccine to be transported to the off site clinic location.

Preparing for Transport

- ❒ Ensure the availability of transport boxes for the quantity of vaccine needed
- ❒ Collect adequate packing materials for needed vaccine transport (Refrigerated/Frozen Packs; Bubble wrap, crumpled brown packing paper or Styrofoam™ peanuts)
- ❒ Make sure there is a separate thermometer for each transport cooler

Packing for Transport

- ❒ Pack all vaccines for transport the day of the off site clinic
- ❒ Make sure vaccines are kept in their original boxes
- ❒ Place an insulating barrier (bubble wrap, crumpled brown paper) between the vaccine boxes and the refrigerated/frozen packs to prevent vaccines from directly touching the refrigerated/frozen packs
- ❒ Put crushed paper in the cooler to keep the vaccines from shifting during transport
- ❒ Place a thermometer next to the vaccine, but away from any refrigerated/frozen packs
- ❒ Record the time and document the storage unit temperature at the time the vaccine is removed for transport on a temperature log

Unpacking at Off Site Location

- ❒ Once at the off site clinic location, document time and temperature in transport cooler
- ❒ If utilizing an on-site storage unit, transfer all vaccine to the unit
- ❒ Document temperature of the on-site unit at the time of transfer

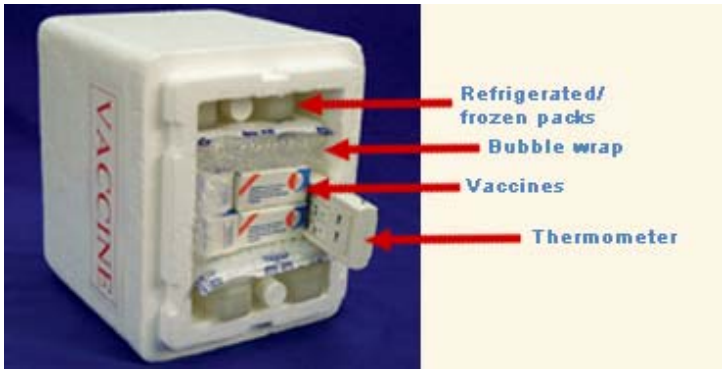
During Off Site Clinic

- ❒ Continue to monitor temperatures in either the transport cooler or on-site storage unit on an hourly basis
- ❒ Limit the opening/closing of the storage unit
- ❒ Ensure that vaccine boxes do not come into contact with refrigerated/frozen packs as you remove vaccine throughout the day.

After the Off Site Clinic

- ❒ At the end of the clinic day, pack all remaining vaccine for transport to the permanent storage site
- ❒ Follow the same guidelines for packing and transporting vaccine
- ❒ Document departure time and temperature

Place bubble wrap, crumpled brown packing paper, or Styrofoam™ peanuts between the refrigerated/frozen packs and the vaccines.



Place the thermometer next to the vaccine but not in contact with the refrigerated/frozen packs.

Registration

When potential vaccine receipts arrive at the off site clinic, the first thing they will need to do is register or check-in. The registration table may be staffed by non-medical staff.

Setting Up the Registration Table The registration table should be set up outside of the vaccine administration area entrance. This will allow lines to over-flow into the hallway or outside the clinic site, and not cause congestion inside the vaccine administration area.

The details of the registration process will depending on whether the clinic is school-based or another type of mass vaccination clinic. Below is a step by step guide to what needs to occur during the registration process for each clinic type.

School-based Clinic Registration

Suggested Supplies. In addition to basic office supplies such as pens/pencils and clipboards, the following materials are included in the registration process.

Signs indicating where students should register. If a large number of students are planning to participate, you may wish to establish specific registration lines by last name (example: A-L, M-Z have to separate lines.)

List of students who will be participating in clinic. Eligibility and consent forms should have been sent out to potential vaccine recipients before clinic day for parent/guardian verification and signature. The off site clinic nurse may have collected forms before actual date of clinic. Any previously received forms should be alphabetized and a list should be generated to ease the screening process.

Highlight students that have not returned completed paperwork (Parent consent form) prior to clinic to ensure paperwork is received during registration. Paperwork returned prior to the clinic should be organized and available at the registration table for reference. The student names should also indicate which eligibility category (VFC or state funded) was indicated on the consent form. To ensure the students privacy, the list should only indicate the color of the ticket they should receive as described below.

Registration form. At mass immunization clinics when the participants are not predetermined such as in a school-based clinic, participants will need to complete a registration form. The registration form will need to obtain the patients basic information to be input into CHIRP and indicate which vaccines are to be obtained.

If different funding sources are available and eligibility screening will be conducted, registration forms can also be color-coded by eligibility category.

Colored slips of paper or tickets. Depending on eligibility status, one suggestion for aiding the nurses administering the vaccine and documenting eligibility in CHIRP is to provide the potential vaccine recipient with a color-specific slip of paper or tickets for easy identification for eligibility status. (i.e. blue tickets are for VFC eligible students and yellow tickets are for state funded eligible students). This will allow the nurse to mark the eligibility status correctly in CHIRP or on the paper record without having to ask eligibility screening questions at the time of vaccine administration.

Vaccines to be received. Prior to the clinic, vaccination records should have been reviewed to verify which vaccines the student should receive during the clinic. If this was not completed prior to the clinic, a Immunization Record review station should be established.

If multiple vaccines are to be provided during the clinic, a suggestion to ensure students are receiving the correct vaccines is to include the list of vaccines with check boxes on the eligibility ticket. The appropriate vaccines can then be indicated on the eligibility ticket that is provided to the nurse.

Registration Process

1. Ask for students name.
2. Find name on list and determine if completed paperwork has already been submitted. If completed paper has not been received, the student must provide it at this time. All student vaccine recipients must have a parent/guardian signed consent form to receive vaccine during the clinic. If paperwork is not complete, vaccine cannot be administered during the clinic. A parent/guardian signature is required for vaccination at the off site clinic location.
3. Provide student with eligibility ticket and indicate on ticket which vaccines are to be received.
4. Direct student to vaccine administration line.

Other Mass Vaccination Clinic Registration Process

1. Provide participant with registration form.
2. Clinic staff will review registration form to ensure completed correctly and provide VIS statement(s) for vaccine to be received.
3. Registration form will be removed from clipboard and given to participant.
4. Direct participant to vaccine administration line.

Strategy from the field: Have registration forms on clipboards with pens attached that participants can complete while waiting in the registration line.

Vaccine Administration Area

Participants will proceed to the vaccine administration area following registration. Only participants possessing an eligibility ticket or completed registration form indicating which vaccines are to be received should be permitted into the vaccine administration line.

Participants should be maintained in one line, and if possible have a person responsible for monitoring the line and directing individuals through the vaccine administration area. Participants will be directed to the next available nurse.

Suggested Vaccine Administration Process

1. Participants will provide the nurse the eligibility ticket or completed registration form indicating the vaccines needed to be reviewed. At this time the nurse can conduct the health screening process for contraindications and precautions.
2. The nurse should then draw up the recommended vaccine (s) while the student is present.
3. The nurse will administer the correct vaccine(s).
4. Participants will be directed to the post-vaccination area.

Strategy from the field: The nurse can be drawing up the vaccine while the participant is reviewing the health screening questionnaire.

Post-Vaccination Area Monitoring

Participants will be monitored for any signs of syncope or other adverse events by another staff member in the post-vaccination area. The post-vaccination area can just be an area sectioned off for vaccine recipients to remain seated for a 15 to 20 minute time period. A sectioned off private area should also be available for participants who experience acute adverse events after vaccination or have medical problems can be evaluated and treated.

Staffing During the Clinic

A variety of staff will be needed during the clinic to perform the different clinic functions. Staff will be needed for working the registration table, directing participants through the clinic, vaccine administration, storage and handling monitors, floaters and data entry personnel.

Assign a single staff to the post-vaccination area and for the adverse events area for the entire clinic day. Ensure that this staff member is trained in CPR and first-aid. Have emergency medical treatment equipment available and make sure the staff person has a phone to call 911 if deemed necessary.

Cross-train staff members in different clinic funtions, if possible, to enable flexibility in meeting needs at various stations as demands fluctuate throughout the clinic day.

The clinic schedule needs to be adapted around the school or other clinic site's daily schedule. It might be that vaccinations only occur for an hour time period with breaks in-between to accommodate the students' class changes. This will help to limit time out of class and overcrowding in the hallways around the clinic.

If lengthier clinic schedules are needed, ensure staff well-being by scheduling times for rests and snacks in a designated area. Make sure that floaters are available to fill in as needed during staff breaks. Staff might also rotate positions at the different stations throughout the clinic day.

Strategy from the field: Attach the hard copy of the school immunization record to the consent form and the vaccinator can update the hard copy for the school nurse right then. By helping keep their records up to date as well, they will be more likely to offer future clinics.

Mass Immunization Module

Once the vaccines are administered, all forms will be collected and will be passed onto the data input station to be entered into CHIRP Mass Immunization Module.

Mass Immunization Module (MIM) is a part of the Children and Hoosiers Immunization Registry Program (CHIRP). It is designed to allow for quick entry of hundreds of patients who receive one or two vaccinations at one location. It is not intended to replace CHIRP, but to facilitate the quick entry of data during a mass immunization event.

Who Can Have Access to MIM

You must be a CHIRP user with data entry access and a basic understanding of CHIRP, and have a need to access MIM due to a planned mass immunization event.

To obtain access you need to contact the CHIRP helpdesk at (888) 227-4439 and ask to speak with Cameron Minich or Dusty Quick.

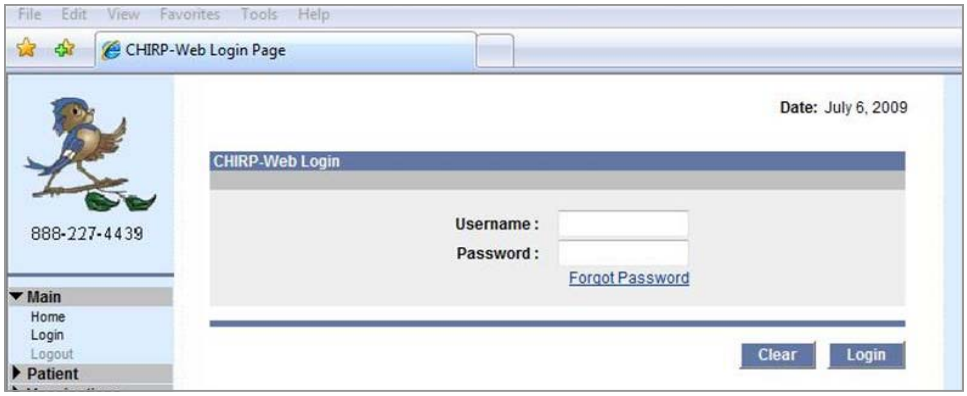
Current Approved MIM Events

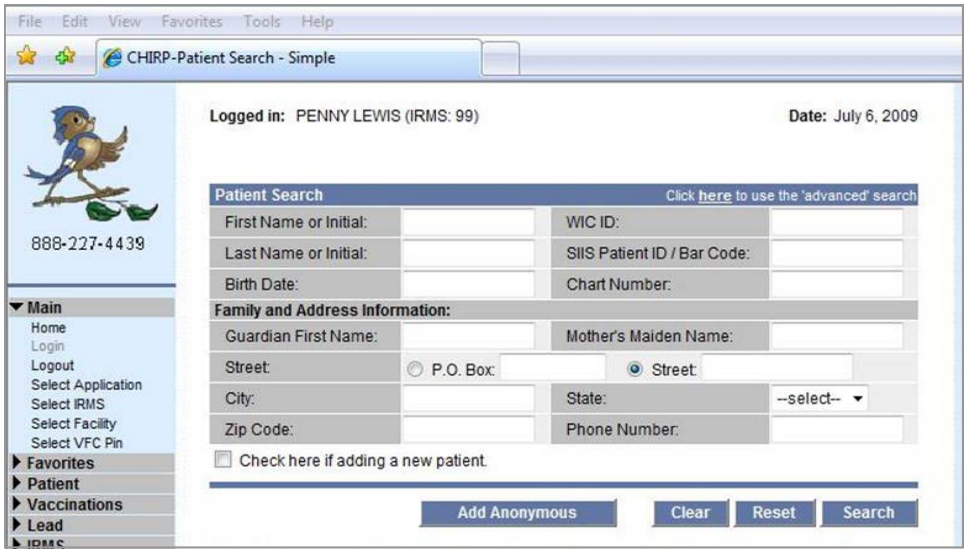
- School clinics for Tdap and MCV4
- Flu clinics (both school and non-school)
- Pandemic flu clinics
- CDC Preparedness Exercises

How to Login to MIM

You must have contacted the CHIRP helpdesk for access.

1. Login to CHIRP as you normally would.
2. If you typically select an IRMS or facility, please do so before continuing.
3. Once logged in and at the patient search screen, click on ***Select Application*** on the menu bar under the logout item.
4. From the Application drop down select ***Mass Immunization*** and click SUBMIT.
5. You will be returned to the CHIRP homepage, but you have also been logged into Mass Immunization Module of CHIRP.



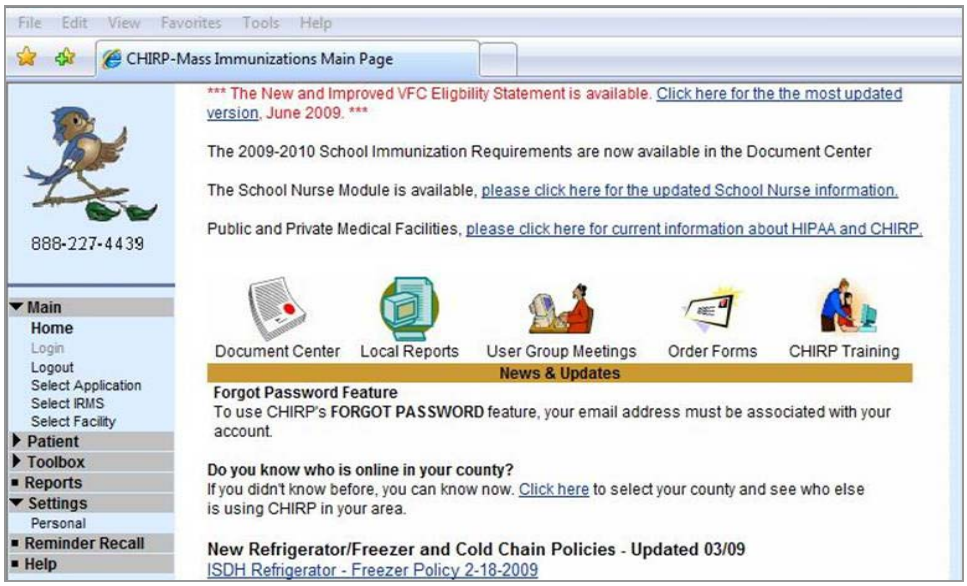


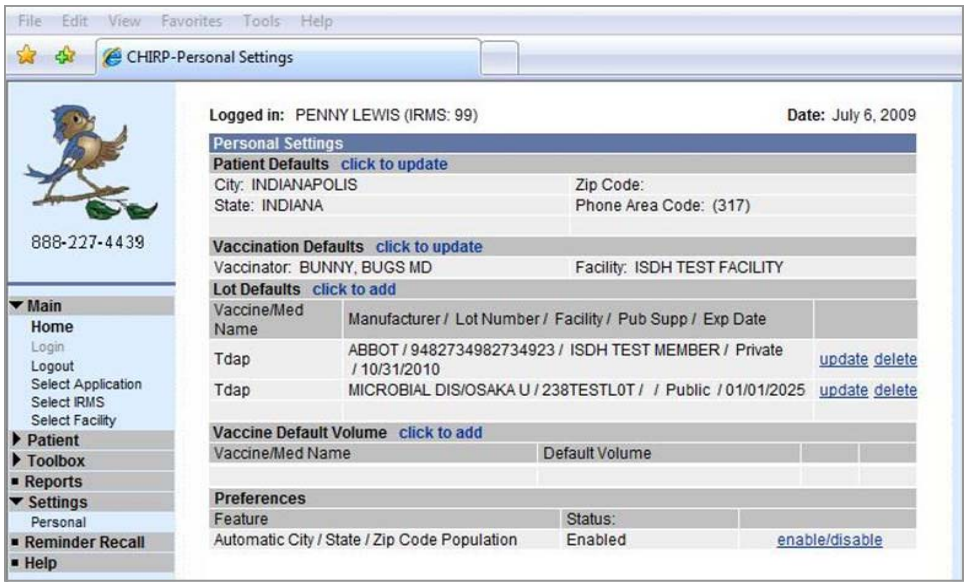
How to Use MIM

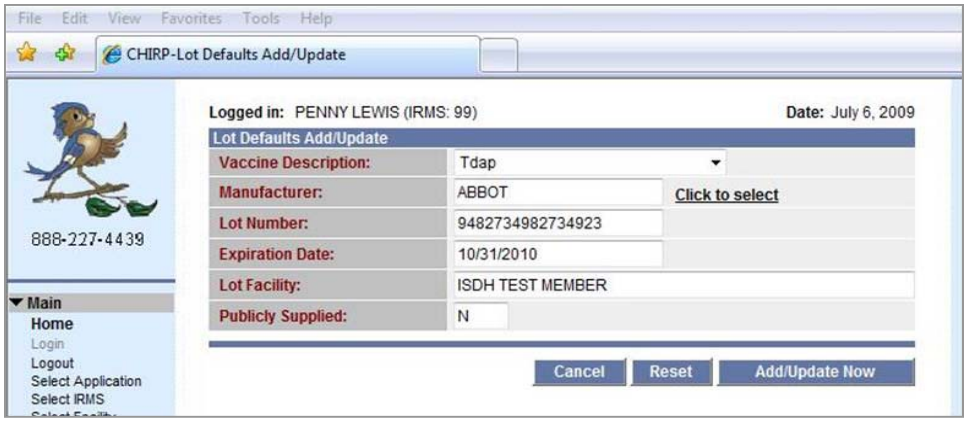
Using MIM is similar to using regular CHIRP. Once logged into MIM you will be on the homepage again, but your menu bar has fewer options. Before adding vaccination records you must first adjust your Personal Settings.

Adding Lot Defaults

1. From the menu click on ***Settings*** and then click on ***Personal***.
2. All vaccine lot numbers you will be using during the mass immunization event **must** be listed in your personal settings under Lot Defaults.
3. To add a new Lot click on ***click to add*** next to Lot Defaults.
4. This screen appears after clicking on ***click to add***.
5. Select the appropriate vaccine under Vaccine Description.
6. Click on ***click to select*** next to the Manufacturer to display current inventory.
7. Select the appropriate lot number and click ***Add/Update Now.***
8. If the lot is not available, log-out and return to CHIRP to add the lot to the vaccine inventory.
9. Remember that all lots that are to be used during the mass immunization event must be in the inventory and in the personal settings of all individuals who will be doing data entry.
10. MIM will work without lot numbers, but they are required. Failure to use lot numbers will cause you to lose access to MIM.
11. Once your lot numbers are set you are ready to proceed.

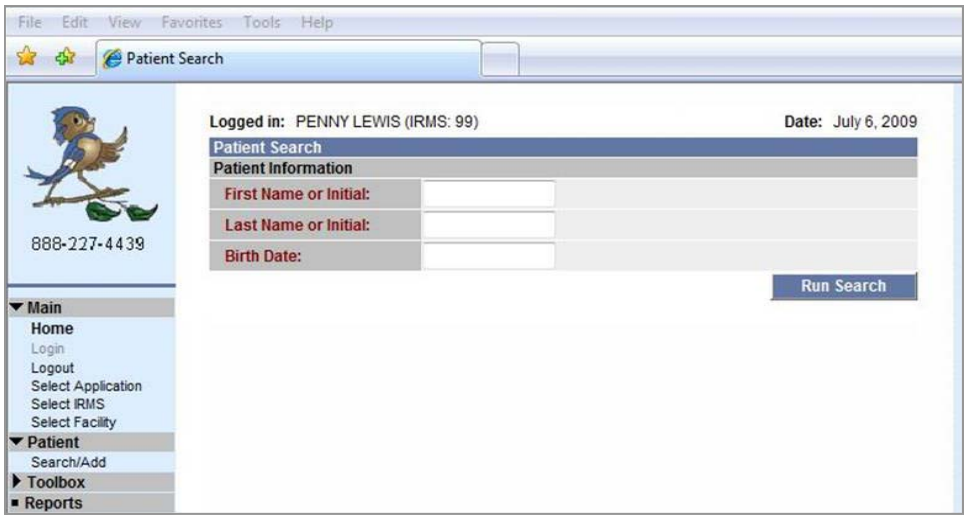


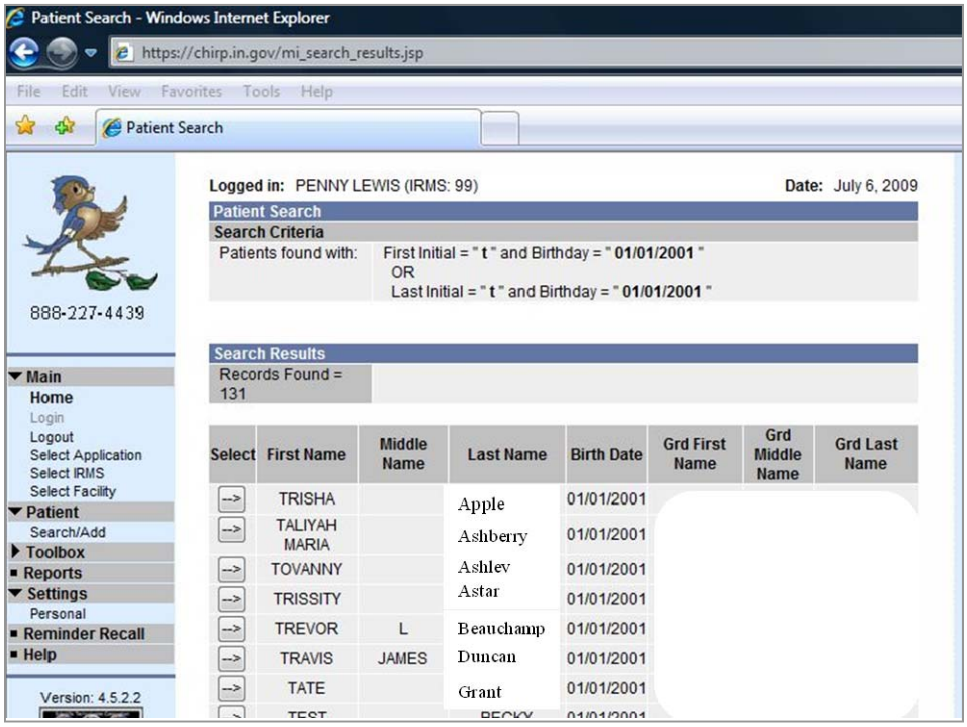




Searching for a Patient

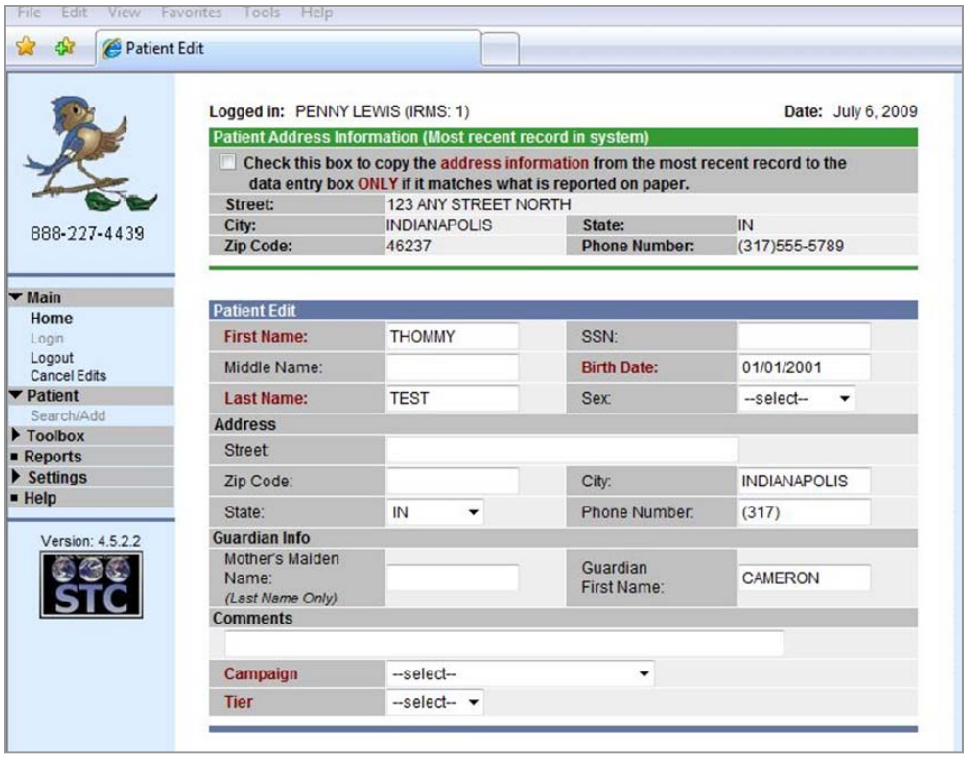
1. From the menu click on ***Patient*** then ***Search/Add.***
2. MIM does not allow for wild cards, and matches on date of birth and initials.
3. If you do not have the actual date of birth you will not be able to find the patient
4. All three search fields are required.
5. This search will return only patients have the date of birth 01/01/2001.
6. This search will return patients whose first name begins with "T" and a DOB of 01/01/2001.
7. This search will return patients whose last name begins with "T" and a DOB of 01/01/2001.
8. This search will return patients whose first and last name begins with "T" and a DOB of 01/01/2001.
9. Scroll down the list to find the appropriate patient.
10. When you find the patient, simply click on the arrow next to the patient name to bring up the demographics page.





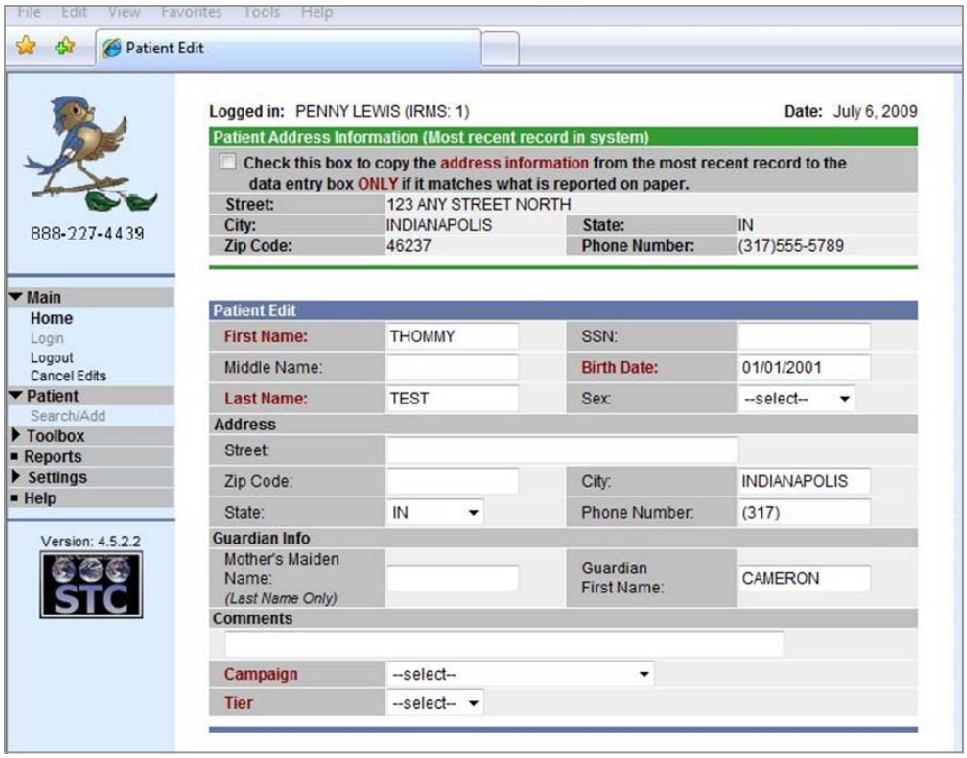
Updating Demographics

1. The first area shows what the current address that CHIRP has on file. If this is correct, simply check the box and it will automatically populate the patient data.
2. If the current address is not correct, then complete the minimum of a street address and zip code. City and state will automatically populate with a zip code typed in.
3. Other fields are optional, but appreciated.



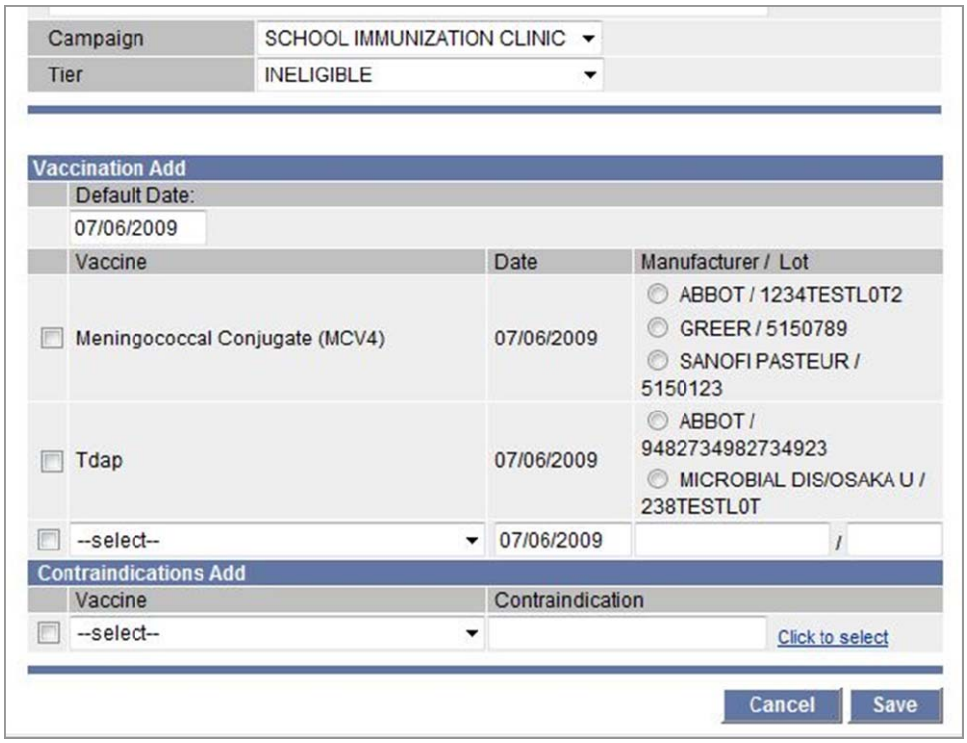
Selecting a Campaign

1. MIM is based on campaigns and a campaign is required for each patient.
2. The campaign is a drop down box - select the appropriate campaign
3. Tier is a term used by the CDC for Pandemic events. Select the appropriate tier for each individual.
4. Tier is a required field.



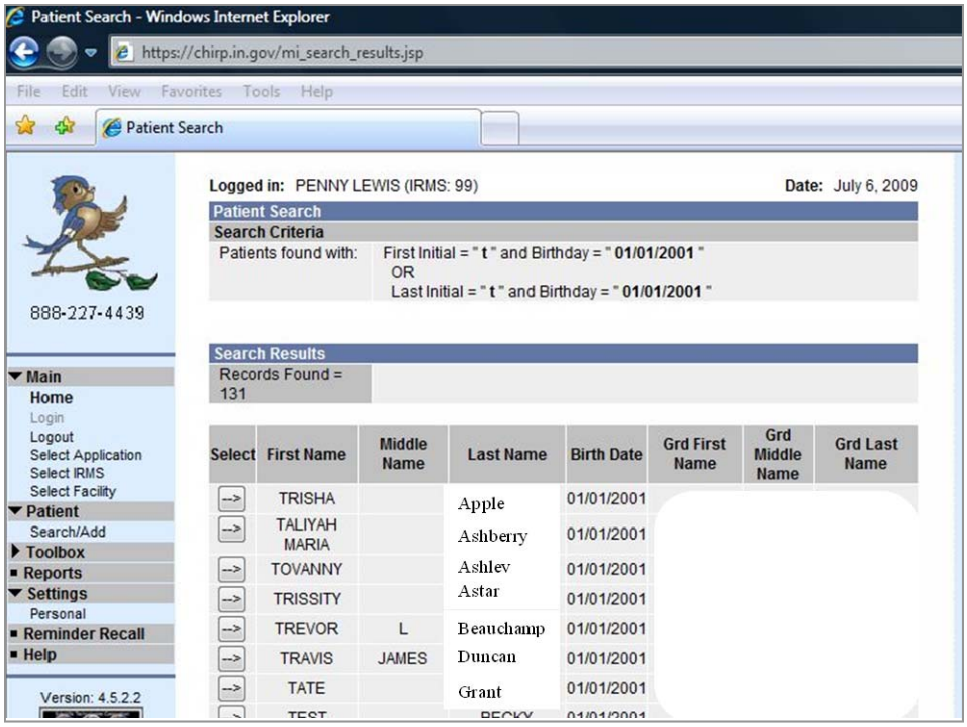
Adding a Vaccination

1. This screen shot is for a School Immunization Clinic (Campaign) which allows MCV4 and Tdap to be administered.
2. The lot numbers you pre-added to your personal settings are displayed.
3. There is no method in MIM to determine the vaccine forecast or to verify if a vaccination was previously given.
4. Click on the appropriate lot and click *save.*



Finished

1. Once you click ***save*** then you are returned to the search screen.
2. If you need to add a new patient, search first and verify they are not in the system before clicking on ***Add New Patient*** at the bottom of the search screen.
3. Required fields include: first and last name, DOB, street address and zip code.



Lessons Learned

Evaluating a Mass Vaccination Clinic

Chapter 5

After hosting the clinic, it is important to evaluate the clinic success. Evaluation can provide valuable lessons for hosting future clinics and determining success. Clinic organizers will want to evaluate various aspects of clinic to determine what worked and what didn't work.

The following are questions the clinic organizer should ask during the clinic evaluation.

Planning

- Was this a good location to host a clinic?
- Was this a good clinic date/time?
- How successful were recruitment efforts?
- Did one recruitment effort yield better success than others?
- Which planning partners should have been included that were not?

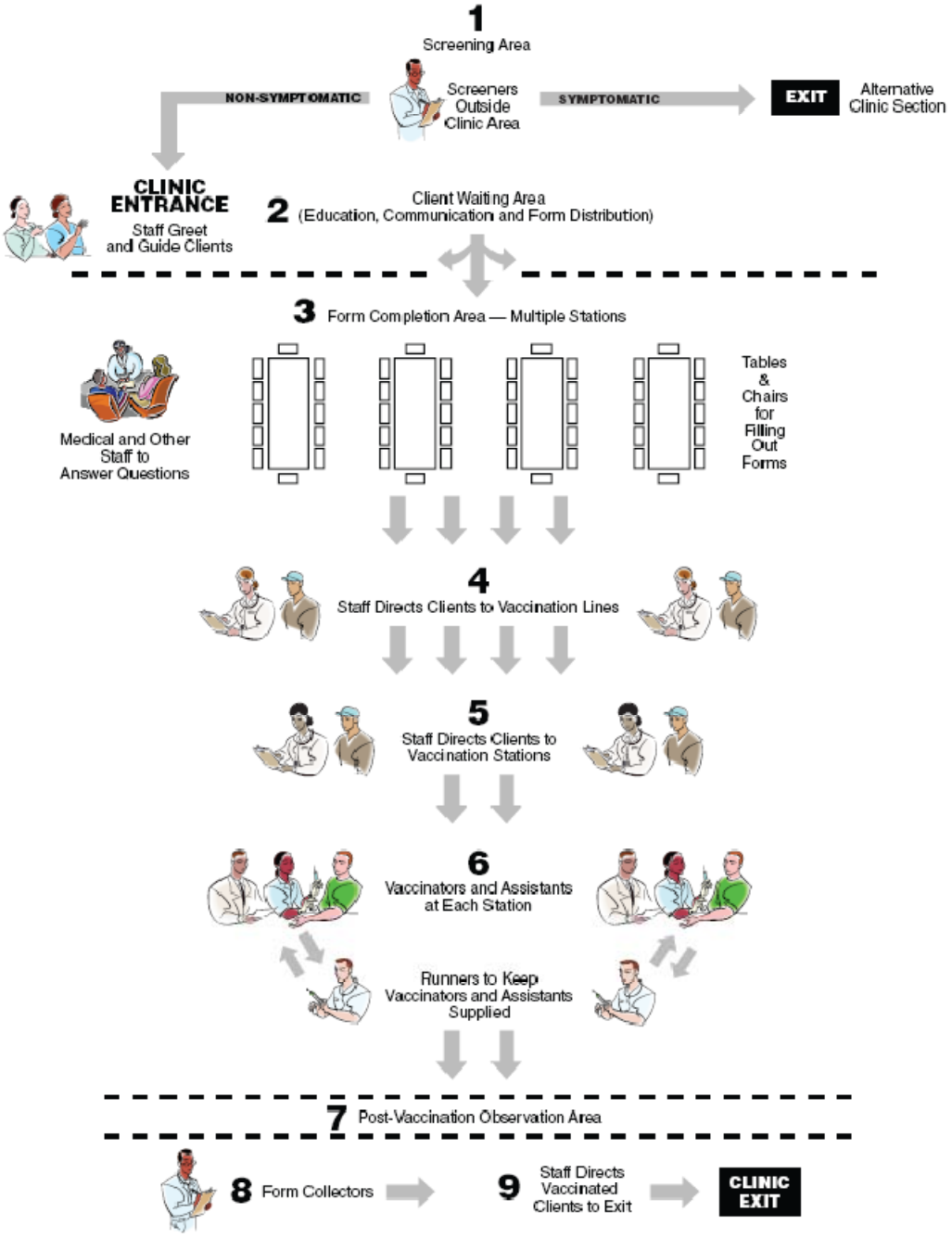
Implementation

- Did we reach our participant goal for the clinic?
- Was there adequate staffing?
- What supplies were needed?
- What clinic logistics were positive and which aspects will need improved for future clinic?

Appendix

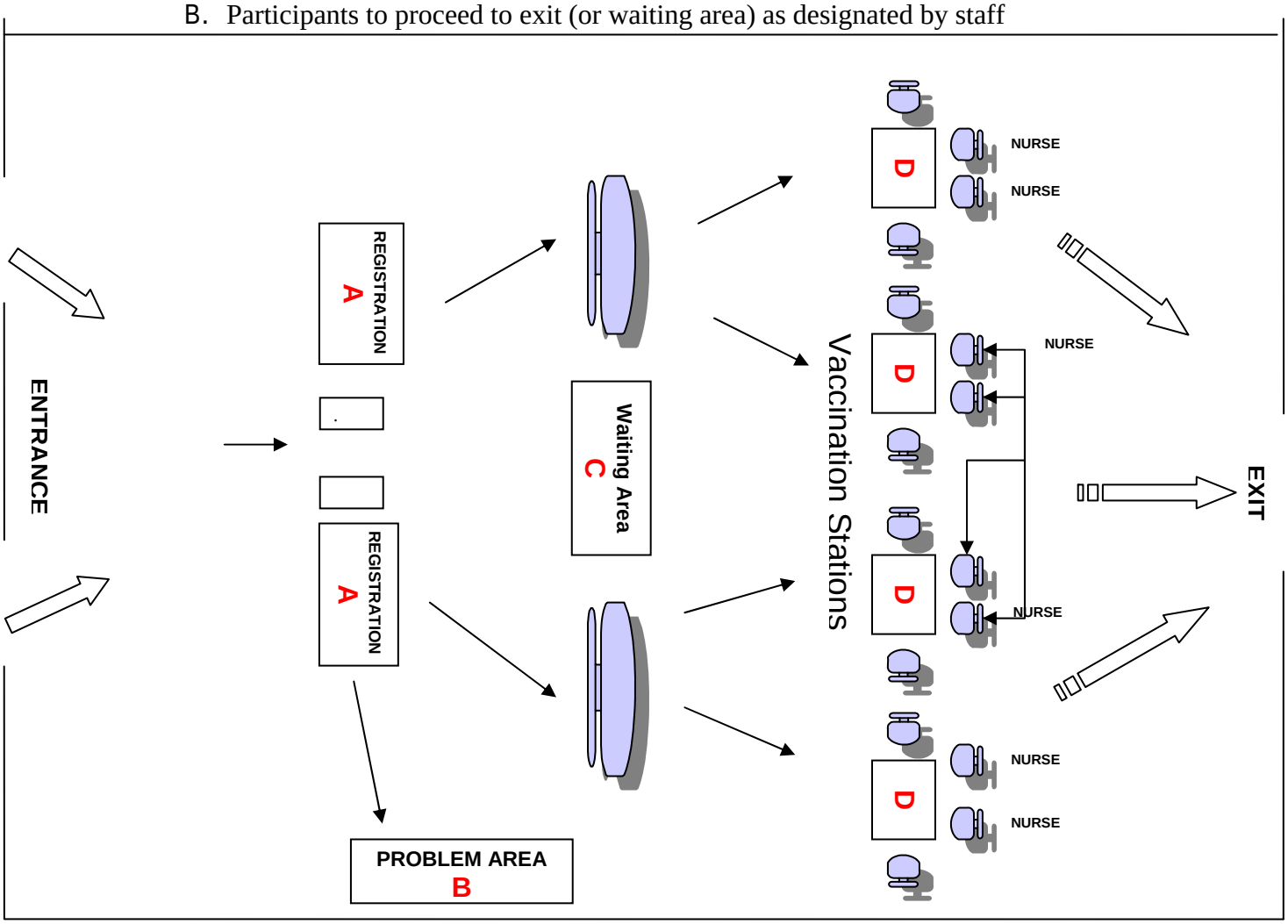
- Examples of Mass Vaccination Clinic Set-Up and Flow
- VFC Eligibility Screening
- IAC Health Screening Questionnaire
- CHIRP Signature Form
- Sample Items from the Field
- CDC H1N1 Templates

Example of Large Scale Influenza Vaccination Clinic



APPENDIX F
Pandemic Vaccine Clinics Set-up and Flow Concept

I. Staff will assist and direct participants to proper stations
II. Station A **[Registration check]**
   A. Consent form and informational materials
   B. If there are uncertainties or questions, participants to proceed to "station B," otherwise proceed to "station C" or "station D"
III. Station B **[Problem Area]**
   A. Clinic manager and/or clinic manager assistant(s) to review and assess problematic issues (i.e., contraindications, etc.)
   B. Area where vaccinee may be assessed if medical or other problem occurs at any time during vaccinee's time in clinic
IV. Station C **[Waiting Area]**. Area where vaccinees may wait if vaccination tables are occupied.
V. Station D **[Vaccination Stations]**
   A. Administration of pandemic influenza vaccine to participants
   B. Participants to proceed to exit (or waiting area) as designated by staff



Patient Eligibility Screening Record
Vaccines for Children Program

1. Initial Screening Date: (_ _ / _ _ / _ _ _ _)
   M M D D Y Y Y Y

2. Child's Name: _____ __
   Last Name First MI

3. Child's Date of Birth: (_ _ / _ _ / _ _ _ _)
   M M D D Y Y Y Y

4. Parent/Guardian/Individual of Record: _____ __
   Last Name First MI

5. Is your facility a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC)?

   ☐ Yes ☐ No

6. Primary Provider's Name: _____ _____ __
   Last Name First MI

7. Does this patient qualifies for immunization through the VFC program because he/she (check only one box):
   a) Yes, is enrolled in Medicaid ☐
   b) Yes, does not have health insurance ☐
   c) Yes, is an American Indian or Alaska Native ☐
   d) Yes, is underinsured (has health insurance that does not pay for vaccinations)* ☐
   f) No, this child does not qualify for immunizations through the VFC program because he/she does not met the eligibility criteria. ☐

Eligibility Changes					
Date	Is enrolled in Medicaid	Does not have health insurance	Is an American Indian or Alaska Native	Is underinsured (has health insurance that does not pay for vaccinations)*	Does not meet eligibility criteria

A record of all children 18 years of age or younger who receive immunizations must be kept in the health care provider's office. The record may be completed by the parent, guardian, or individual of record or by the health care provider. VFC eligibility screening must take place with each immunization visit to ensure the child's eligibility status has not changed. This same record will satisfy the requirements for all subsequent vaccinations, as long as the child's eligibility status has not changed. While verification of responses is not required, it is necessary to retain this or a similar record for each child receiving vaccine.

* To be supported with VFC purchased vaccine, underinsured children must be vaccinated through a FQHC or RHC.

Patient Eligibility Screening Record

Vaccines for Children Program

Date _____

Confidential Information

Child _____

Last Name First Name MI

Date of Birth _____

Parent/Guardian/
Individual of Record _____

Last Name First Name MI

Provider _____

A record must be kept in the healthcare provider's office that reflects the status of all children 18 years of age or younger, who receive immunization through the VFC program. The record may be completed by the parent, guardian or individual of record, or by the healthcare provider. This same record may be used for all subsequent visits as long as the child's eligibility status has not changed. While verification of responses is not required, it is necessary to retain this or a similar record for each child receiving vaccine.

This child qualifies for vaccination through the VFC program because he/she (*check only one box*):

(a) is enrolled in Medicaid ☐ or

(b) does not have health insurance ☐ or

(c) is American Indian or Alaskan Native ☐ or

(d) has health insurance that Does Not pay for vaccines ☐ or
(Applicable only to children attending a Federally Qualified Health Center or Rural Health Clinic.)

Patient name: _____ Date of birth: ____/____/____
(mo.) (day) (yr.)

Screening Questionnaire for Child and Teen Immunization

For parents/guardians: The following questions will help us determine which vaccines your child may be given today. If you answer "yes" to any question, it does not necessarily mean your child should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please ask your healthcare provider to explain it.

	Yes	No	Don't Know
1. Is the child sick today?	☐	☐	☐
2. Does the child have allergies to medications, food, or any vaccine?	☐	☐	☐
3. Has the child had a serious reaction to a vaccine in the past?	☐	☐	☐
4. Has the child had a health problem with asthma, lung disease, heart disease, kidney disease, metabolic disease (e.g., diabetes), or a blood disorder?	☐	☐	☐
5. If the child to be vaccinated is between the ages of 2 and 4 years, has a healthcare provider told you that the child had wheezing or asthma in the past 12 months?	☐	☐	☐
6. Has the child had a seizure, brain, or other nervous system problem?	☐	☐	☐
7. Does the child have cancer, leukemia, AIDS, or any other immune system problem?	☐	☐	☐
8. Has the child taken cortisone, prednisone, other steroids, or anticancer drugs, or had radiation treatments in the past 3 months?	☐	☐	☐
9. Has the child received a transfusion of blood or blood products, or been given immune (gamma) globulin or an antiviral drug in the past year?	☐	☐	☐
10. Is the child/teen pregnant or is there a chance she could become pregnant during the next month?	☐	☐	☐
11. Has the child received vaccinations in the past 4 weeks?	☐	☐	☐

Form completed by: _____ Date: _____

Form reviewed by: _____ Date: _____

Did you bring your child's immunization record card with you? **yes** ☐ **no** ☐

It is important to have a personal record of your child's vaccinations. If you don't have a personal record, ask the child's healthcare provider to give you one with all your child's vaccinations on it. Keep this record in a safe place and bring it with you every time you seek medical care for your child. Your child will need this important document for the rest of his or her life to enter day care or school, for employment, or for international travel.

Technical content reviewed by the Centers for Disease Control and Prevention, April 2009

www.immunize.org/catg.d/p4060.pdf • Item #P4060 (4/09)

Information for Health Professionals about the Screening Questionnaire for Child & Teen Immunization

Are you interested in knowing why we included a certain question on the Screening Questionnaire? If so, read the information below. If you want to find out even more, consult the references listed at the bottom of this page.

1. Is the child sick today?

There is no evidence that acute illness reduces vaccine efficacy or increases vaccine adverse events (1, 2). However, as a precaution with moderate or severe acute illness, all vaccines should be delayed until the illness has improved. Mild illnesses (such as otitis media, upper respiratory infections, and diarrhea) are NOT contraindications to vaccination. Do not withhold vaccination if a person is taking antibiotics.

2. Does the child have allergies to medications, food, or any vaccine?

History of anaphylactic reaction such as hives (urticaria), wheezing or difficulty breathing, or circulatory collapse or shock (not fainting) from a previous dose of vaccine or vaccine component is a contraindication for further doses. For example, if a person experiences anaphylaxis after eating eggs, do not administer influenza vaccine, or if a person has anaphylaxis after eating gelatin, do not administer MMR, MMRV, or varicella vaccine. Local reactions (e.g., a red eye following instillation of ophthalmic solution) are not contraindications. For an extensive table of vaccine components, see reference 3.

3. Has the child had a serious reaction to a vaccine in the past?

History of anaphylactic reaction (see question 2) to a previous dose of vaccine or vaccine component is a contraindication for subsequent doses (1). History of encephalopathy within 7 days following DTP/DTaP is a contraindication for further doses of pertussis-containing vaccine. Precautions to DTaP (not Tdap) include the following: (a) seizure within 3 days of a dose, (b) pale or limp episode or collapse within 48 hours of a dose, (c) continuous crying for 3 hours within 48 hours of a dose, and (d) fever of 105°F (40°C) within 48 hours of a previous dose. There are other adverse events that might have occurred following vaccination that constitute contraindications or precautions to future doses. Under normal circumstances, vaccines are deferred when a precaution is present. However, situations may arise when the benefit outweighs the risk (e.g., during a community pertussis outbreak).

4. Has the child had a health problem with asthma, lung disease, heart disease, kidney disease, metabolic disease (e.g., diabetes), or a blood disorder?

Children with any of the health conditions listed above should not be given the intranasal, live attenuated influenza vaccine (LAIV). These children should be vaccinated with the injectable influenza vaccine.

5. If the child to be vaccinated is between the ages of 2 and 4 years, has a healthcare provider told you that the child had wheezing or asthma in the past 12 months?

Children who have had a wheezing episode within the past 12 months should not be given the live attenuated influenza vaccine. Instead, these children should be given the inactivated influenza vaccine.

6. Has the child had a seizure, brain, or other nervous system problem?

DTaP and Tdap are contraindicated in children who have a history of encephalopathy within 7 days following DTP/DTaP. An unstable progressive neurologic problem is a precaution to the use of DTaP and Tdap. For children with stable neurologic disorders (including seizures) unrelated to vaccination, or for children with a family history of seizure, vaccinate as usual but consider the use of acetaminophen or ibuprofen to minimize fever. A history of Guillain-Barré syndrome (GBS) is a consideration with the following: 1) Td/Tdap: if GBS has occurred within 6 weeks of a tetanus-containing vaccine and decision is made to continue vaccination, give age-appropriate Tdap instead of Td if no history of prior Tdap; 2) Influenza vaccine (TIV or LAIV): if GBS has occurred within 6 weeks of a prior influenza vaccination, vaccinate with TIV if at high risk for severe influenza complications; 3) MCV4: avoid vaccinating persons unless in recommended risk groups.

7. Does the child have cancer, leukemia, AIDS, or any other immune system problem?

Live virus vaccines (e.g., MMR, MMRV, varicella, and the intranasal live, attenuated influenza vaccine [LAIV]) are usually contraindicated in immunocompromised children. However, there are exceptions. For example, MMR is recommended for asymptomatic HIV-infected children who do not have evidence of severe immunosuppression. Likewise, varicella vaccine should be considered for HIV-infected children with age-specific CD4+ T-lymphocyte percentage at 15% or greater and may be considered for children age 8 years and older with CD4+ T-lymphocyte counts of greater than or equal to 200 cells/μL. Immunosuppressed children should not receive LAIV. For details, consult the ACIP recommendations (4, 5, 6).

8. Has the child taken cortisone, prednisone, other steroids, or anticancer drugs, or had radiation treatments in the past 3 months?

Live virus vaccines (e.g., MMR, MMRV, varicella, LAIV) should be postponed until after chemotherapy or long-term high-dose steroid therapy has ended. For details and length of time to postpone, consult the ACIP statement (1). To find specific vaccination schedules for stem cell transplant (bone marrow transplant) patients, see reference 7. LAIV can only be given to healthy non-pregnant individuals age 2–49 years.

9. Has the child received a transfusion of blood or blood products, or been given immune (gamma) globulin or an antiviral drug in the past year?

Certain live virus vaccines (e.g., LAIV, MMR, MMRV, varicella) may need to be deferred, depending on several variables. Consult the most current ACIP recommendations or the current *Red Book* for the most current information on intervals between antiviral drugs, immune globulin or blood product administration and live virus vaccines (1, 2).

10. Is the child/teen pregnant or is there a chance she could become pregnant during the next month?

Live virus vaccines (e.g., MMR, MMRV, varicella, LAIV) are contraindicated one month before and during pregnancy because of the theoretical risk of virus transmission to the fetus (1, 6). Sexually active young women who receive a live virus vaccine should be instructed to practice careful contraception for one month following receipt of the vaccine (5, 8). On theoretical grounds, inactivated poliovirus vaccine should not be given during pregnancy; however, it may be given if risk of disease is imminent (e.g., travel to endemic areas) and immediate protection is needed. Use of Td or Tdap is not contraindicated in pregnancy. At the provider's discretion, either vaccine may be administered during the 2nd or 3rd trimester (9).

11. Has the child received vaccinations in the past 4 weeks?

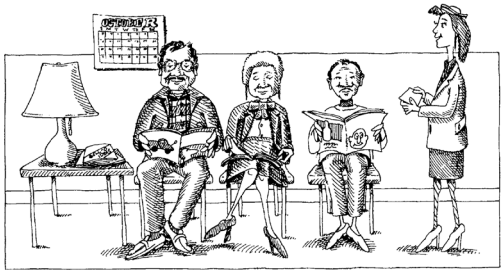
If the child was given either live, attenuated influenza vaccine (FluMist®) or an injectable live virus vaccine (e.g., MMR, MMRV, varicella, yellow fever) in the past 4 weeks, they should wait 28 days before receiving another vaccination of this type. Inactivated vaccines may be given at the same time or at any spacing interval.

References:

1. CDC. General recommendations on immunization, at www.cdc.gov/vaccines/pubs/acip-list.htm.
2. AAP. *Red Book: Report of the Committee on Infectious Diseases* at www.aapredbook.org.
3. Table of Vaccine Components: www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf.
4. CDC. Measles, mumps, and rubella—vaccine use and strategies for elimination of measles, rubella, and congenital rubella syndrome and control of mumps. *MMWR* 1998; 47 (RR-8).
5. CDC. Prevention of varicella: Recommendations of the Advisory Committee on Immunization Practices. *MMWR* 2007; 56 (RR-4).
6. CDC. Prevention and Control of Influenza—Recommendations of ACIP at www.cdc.gov/flu/professionals/vaccination/.
7. CDC. Excerpt from Guidelines for preventing opportunistic infections among hematopoietic stem cell transplant recipients, *MMWR* 2000; 49 (RR-10), www.cdc.gov/vaccines/pubs/downloads/b_hsct-recs.pdf.
8. CDC. Notice to readers: Revised ACIP recommendation for avoiding pregnancy after receiving a rubella-containing vaccine. *MMWR* 2001; 50 (49).
9. CDC. Prevention of pertussis, tetanus, and diphtheria among pregnant and postpartum women and their infants: Recommendations of the ACIP. *MMWR* 2008; 57 (RR-4).

Patient name: _____ Date of birth:____/____/____
(mo.) (day) (yr.)

Screening Questionnaire for Adult Immunization



For patients: The following questions will help us determine which vaccines you may be given today. If you answer "yes" to any question, it does not necessarily mean you should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please ask your healthcare provider to explain it.

	Yes	No	Don't Know
1. Are you sick today?	☐	☐	☐
2. Do you have allergies to medications, food, or any vaccine?	☐	☐	☐
3. Have you ever had a serious reaction after receiving a vaccination?	☐	☐	☐
4. Do you have a long-term health problem with heart disease, lung disease, asthma, kidney disease, metabolic disease (e.g., diabetes), anemia, or other blood disorder?	☐	☐	☐
5. Do you have cancer, leukemia, AIDS, or any other immune system problem?	☐	☐	☐
6. Do you take cortisone, prednisone, other steroids, or anticancer drugs, or have you had radiation treatments?	☐	☐	☐
7. Have you had a seizure, brain, or other nervous system problem?	☐	☐	☐
8. During the past year, have you received a transfusion of blood or blood products, or been given immune (gamma) globulin or an antiviral drug?	☐	☐	☐
9. For women: Are you pregnant or is there a chance you could become pregnant during the next month?	☐	☐	☐
10. Have you received any vaccinations in the past 4 weeks?	☐	☐	☐

Form completed by: _____ Date:_____

Form reviewed by: _____ Date:_____

Did you bring your immunization record card with you? yes ☐ no ☐

It is important for you to have a personal record of your vaccinations. If you don't have a personal record, ask your healthcare provider to give you one. Keep this record in a safe place and bring it with you every time you seek medical care. Make sure your healthcare provider records all your vaccinations on it.

Technical content reviewed by the Centers for Disease Control and Prevention, April 2009.

www.immunize.org/catg.d/p4065.pdf • Item#P4065 (4/09)

Information for Health Professionals about the Screening Questionnaire for Adults

Are you interested in knowing why we included a certain question on the Screening Questionnaire? If so, read the information below. If you want to find out even more, consult the references listed at the bottom of this page.

1. Are you sick today?
There is no evidence that acute illness reduces vaccine efficacy or increases vaccine adverse events (1). However, as a precaution with moderate or severe acute illness, all vaccines should be delayed until the illness has improved. Mild illnesses (such as upper respiratory infections or diarrhea) are NOT contraindications to vaccination. Do not withhold vaccination if a person is taking antibiotics.

2. Do you have allergies to medications, food, or any vaccine?
History of anaphylactic reaction such as hives (urticaria), wheezing or difficulty breathing, or circulatory collapse or shock (not fainting) from a previous dose of vaccine or vaccine component is a contraindication for further doses. For example, if a person experiences anaphylaxis after eating eggs, do not administer influenza vaccine, or if a person has anaphylaxis after eating gelatin, do not administer MMR or varicella vaccine. Local reactions (e.g., a red eye following instillation of ophthalmic solution) are not contraindications. For an extensive list of vaccine components, see reference 2.

3. Have you ever had a serious reaction after receiving a vaccination?
History of anaphylactic reaction (see question 2) to a previous dose of vaccine or vaccine component is a contraindication for subsequent doses (1). Under normal circumstances, vaccines are deferred when a precaution is present. However, situations may arise when the benefit outweighs the risk (e.g., during a community measles outbreak).

4. Do you have a long-term health problem with heart disease, lung disease, asthma, kidney disease, metabolic disease (e.g., diabetes), anemia, or other blood disorder?
Persons with any of these health conditions should not be given the intranasal live attenuated influenza vaccine (LAIV). Instead, they should be vaccinated with the injectable influenza vaccine.

5. Do you have cancer, leukemia, AIDS, or any other immune system problem?
Live virus vaccines (e.g., MMR, varicella, zoster [shingles], and LAIV) are usually contraindicated in immunocompromised people. However, there are exceptions. For example, MMR vaccine is recommended and varicella vaccine should be considered for adults with CD4+ T-lymphocyte counts of greater than or equal to 200 cells/μL. Immunosuppressed persons should not receive LAIV. For details, consult the ACIP recommendations (3, 4, 5).

6. Do you take cortisone, prednisone, other steroids, or anticancer drugs, or have you had radiation treatments?
Live virus vaccines (e.g., MMR, varicella, zoster, LAIV) should be postponed until after chemotherapy or long-term high-dose steroid therapy has ended. For details and length of time to postpone, consult the ACIP statement (1, 5). To find specific vaccination schedules for stem cell transplant (bone marrow transplant) patients, see reference 6. LAIV can be given only to healthy non-pregnant persons younger than age 50 years.

7. Do you have a seizure, brain, or other nervous system problem?
Tdap is contraindicated in persons who have a history of encephalopathy within 7 days following DTP/DTaP given before age 7 years. An unstable progressive neurologic problem is a precaution to the use of Tdap. For persons with stable neurologic disorders (including seizures) unrelated to vaccination, or for persons with a family history of seizure, vaccinate as usual. A history of Guillain-Barré syndrome (GBS) is a consideration with the following: 1) Td/Tdap: if GBS has occurred within 6 weeks of a tetanus-containing vaccine and decision is made to continue vaccination, give Tdap instead of Td if no history of prior Tdap; 2) Influenza vaccine (TIV/LAIV): if GBS has occurred within 6 weeks of a prior influenza vaccine, vaccinate with TIV if at high risk for severe influenza complications; 3) MCV4: avoid vaccinating persons unless in recommended risk groups.

8. During the past year, have you received a transfusion of blood or blood products, or been given immune (gamma) globulin or an antiviral drug?

Certain live virus vaccines (e.g., LAIV, MMR, varicella) may need to be deferred, depending on several variables. Consult the most current ACIP recommendations for current information on intervals between antiviral drugs, immune globulin or blood product administration and live virus vaccines. (1)

9. For women: Are you pregnant or is there a chance you could become pregnant during the next month?
Live virus vaccines (e.g., MMR, varicella, zoster, LAIV) are contraindicated one month before and during pregnancy because of the theoretical risk of virus transmission to the fetus. Sexually active women in their childbearing years who receive live virus vaccines should be instructed to practice careful contraception for one month following receipt of the vaccine. On theoretical grounds, inactivated poliovirus vaccine should not be given during pregnancy; however, it may be given if risk of disease is imminent and immediate protection is needed (e.g., travel to endemic areas). Use of Td or Tdap is not contraindicated in pregnancy. At the provider's discretion, either vaccine may be administered during the 2nd or 3rd trimester. (1, 3, 4, 5, 7, 8)

10. Have you received any vaccinations in the past 4 weeks?
If the person to be vaccinated was given either LAIV or an injectable live virus vaccine (e.g., MMR, varicella, zoster, yellow fever) in the past 4 weeks, they should wait 28 days before receiving another vaccination of this type. Inactivated vaccines may be given at any spacing interval if they are not administered simultaneously.

References:

1. CDC. General recommendations on immunization, at www.cdc.gov/vaccines/pubs/acip-list.htm.
2. Table of Vaccine Components: www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf.
3. CDC. Measles, mumps, and rubella—vaccine use and strategies for elimination of measles, rubella, and congenital rubella syndrome and control of mumps. *MMWR* 1998; 47 (RR-8).
4. CDC. Prevention of varicella: Recommendations of the Advisory Committee on Immunization Practices. *MMWR* 2007; 56 (RR-4).
5. CDC. Prevention and control of influenza—recommendations of ACIP, at www.cdc.gov/flu/professionals/vaccination.
6. CDC. Excerpt from Guidelines for preventing opportunistic infections among hematopoietic stem cell transplant recipients, *MMWR* 2000; 49 (RR-10), www.cdc.gov/vaccines/pubs/downloads/b_hsct-recs.pdf.
7. CDC. Notice to readers: Revised ACIP recommendation for avoiding pregnancy after receiving a rubella-containing vaccine. *MMWR* 2001; 50 (49).
8. CDC. Prevention of pertussis, tetanus, and diphtheria among pregnant and postpartum women and their infants: Recommendations of the ACIP. *MMWR* 2008; 57 (RR-4).

CHILDREN AND HOOSIER IMMUNIZATION REGISTRY PROGRAM (CHIRP)
RECORD OF PARENT/GUARDIAN OR RECEIPT SIGNATURE

I have read or had explained to me the information in the "Vaccine Information Statement(s)" or the "Important Information Statement(s)" for the disease(s) and vaccine(s) checked below. I have had a chance to ask questions and fully understand the benefits and risks of the vaccine(s) checked below. I request that these vaccines be given to me or to the person name below.

[ ] DT [ ] TD [ ] DTaP [ ] Tdap [ ] DTaP/Hib [ ] DTaP/Hep B/IPV [ ] Hep B [ ] Hep B/Hib [ ] Hib [ ] MMR
[ ] IPV [ ] Varicella [ ] PCV-7 [ ] MCV4 [ ] Influenza [ ] Rotavirus [ ] HPV [ ] MMR/V [ ] Hep A

Last Name:	**First Name:**	**Middle Name:**	**Date of Birth:**	**Patient ID:**
Alias Last Name:	**Alias First Name:**	**Patient SSN*:**	**Age:**	
Birth State:	**Birth Country:**	**Hoosier Hwise #:**		**Gender:** M ( ) F ( )
Race: ( ) White ( ) African American ( ) Asian ( ) Multi-racial ( ) Other ( ) Nat. Hawaiian, Pac Isl. ( ) American Indian			**Hispanic Origin:** ( ) Hispanic ( ) Non-Hispanic ( ) Unknown	
Physician Name:			**School:**	
Guardian 1 Last Name:		**First Name:**	**Middle Name:**	**Guardian 1 SSN*:**
Guardian 2 Last Name:		**First Name:**	**Mothers Maiden Name:**	
Mailing Address for Responsible Adult: ( ) Mother ( ) Father ( ) Other(specify)_____				
Last Name:			**First Name:**	
Address:			**Home Phone:**	**Work Phone:**
City:	**State:**	**Zip:**	**Email Address:**	
Language, if other than English (specify):			**Other Phone:**	
CLINIC USE ONLY	**Chart Number:**			
Funding Source: ( ) Medicaid ( ) Uninsured ( ) Nat. American or Alaskan ( ) Underinsured FQHC Only ( ) Hoosier HWise Pkg C ( ) Not Eligible				
*** Social Security Numbers may be used to identify patients and family members and are optional on this form. There are no penalites for failure to provide SSN.**				

Signature of person to receive vaccine(s) or person authorized to consent to the immunization(s)

_____
Parent/Guardian Signature

_____ _____
Printed Name *Date*

Sample provided by the Howard County Health Department

Howard County Health Department
Public Health Nursing

February 24, 2009

Dear

I have enclosed the **new** Vaccine Administration Form, please discard any old forms and use the new forms. The Administration Form is two sided, both sides should be copied and sent home with the students or mailed to parents. The first side is general information including child's name and requires a parent/guardian signature (unless the adolescent is 18). The second side is for our use the day of clinic to record site, lot number etc. We will be giving Hepatitis B, Tdap and MCV4 to seniors. I have also enclosed a clean copy of the Screening Questionnaire (Health Information Form). This should be copied on a separate sheet of paper and also requires a signature under form completed. This should be attached with a paper clip or stapled to the administration form. On the day of clinic, we will need a shot record for each student indicating what vaccines they have had and which they will need. You will need to check the CHIRP record on each student. If the students could bring their personal shot records to school from home that would be ideal (I know in an imperfect world this probably will rarely happen, but one can hope). On the day of clinic we will bring 2 or 3 nurses depending on the volume anticipated. We will need you and a student or parent to assist with the paperwork
To avoid the last minute paperwork crunch, I suggest you stop taking papers 3-7 days prior to the clinic date and make it clear there will be no exceptions. If you want to use us as your reason for a deadline, just let me know so we can all be on the same page and answer parents who may call us pleading for us to be the intercessor and make exceptions.

Let me know if you need anything else and call me or e-mail me about three days prior to the clinic with approximate numbers for each vaccine.
We will probably arrive about 7:45 a.m. to set up and be ready to go no later than 8:15 a.m.
Thanks,

Karen Long RN BSN
Howard County Health Department
E-mail: Karen.long@co.howard.in.us
Phone: 765 456-2408
Fax: 765 456-7000

Sample provided by the Howard County Health Department

To: Seniors and Parents/Guardians of WHS Senior Class
From: Brenda Strunk, RN

This letter is to inform you that we have arranged for the Howard County Health Department to be at (insert name of school) on Friday, April 25, 2008 to give senior immunizations. Most colleges recommend vaccines such as the meningococcal, hepatitis B, and tetanus. Please check with the Admissions Department of your chosen school for specific requirements.

The following will be offered to our seniors on this day:

*Hepatitis B (either dose 1, 2, or 3)
*Tetanus
*Meningococcal

The cost will be $10 per family for the vaccines. Individuals covered by Medicaid (Hoosier Healthwise) or who are without health insurance will be offered this service free of charge.

To receive these vaccines at school, please complete the enclosed forms and return them along with current shot records to the school by Monday, April 21, 2008. We will be unable to accept paperwork after this date.
Seniors will be called down to the high school gym alphabetically throughout the school day. If you do not want your senior to participate, please choose that option on the enclosed form. Your child will need to remain in class if this option is chosen.

Please don't hesitate to contact me with any questions. Please return the following items by April 21, 2008 to participate:

-signed form declining use of clinic

OR

-signed forms requesting vaccines
-current shot records (must be received to administer correct vaccines)

Thank You,

Brenda Strunk, RN, BSN
Director of Nursing
Western School Corporation
883-5541, Ext. 510

Sample provided by the Howard County Health Department

Western School Corporation

Consent form for Vaccinations

NAME: _____ DOB: _____

I have been provided information and have had opportunity to ask questions concerning offered vaccinations at Western High School on Thursday, March 26. I hereby request the Howard County Board of Health and Western School Corporation Health Services to administer the following vaccines.

Please check requested items:

_____Hepatitis B (dose 1, 2, or 3)

_____Tetanus

_____Meningococcal

OR

_____I do not wish for my child to participate.

I am enclosing an updated copy of vaccinations received to date and payment in cash for the individual named above as well.

_____ _____

Parent Signature/Student Signature Print Name

Student may sign if 18 or older

_____

Date

Sample provided by the Howard County Health Department

Funding Source: ☐ Medicaid ☐ Uninsured ☐ Nat. American or Alaskan ☐ Underinsured FQHC Only ☐ Hoosier HWise Pkg C ☐ Not Eligible

VACCINE ADMINISTRATION
RECORD OF PARENT/GUARDIAN OR RECIPIENT SIGNATURE

I have been given a copy and have read, or had explained to me, the information in the "Vaccine Information Statement(s)" or the "Important Information Statement(s) for the disease(s) and vaccine(s) checked below. I have had a chance to ask questions that were answered to my satisfaction. I believe I understand the benefits and the risks of the vaccine(s) requested and ask that the vaccine(s) checked below be given to me or to the person named below for whom I am authorized to make this request.

Confidential Information:

Last Name:	First Name:	Middle Name:	DOB:	Age:	Gender: ☐ **Male** ☐ **Female**
Physician Name:	Medicaid #:	County of Residence:	Birth State:	Race:	Hispanic Origin: ☐ YES ☐ NO
Address:	City:	State:	Zip:	Home Phone: ( )	
Guardian 1 Last Name:	Guardian 1 First Name:	Guardian 1 Middle Name:	Mothers Maiden Name:	Work Phone: ( )	
Guardian 2 Last Name:	Guardian 2 First Name:				

Tdap **MCV4**

I agree to allow information about all vaccinations given to me or to the person for whom I am authorized to consent, to be released to school and/or medical care providers to avoid the administration of unnecessary vaccinations and to ascertain immunization status. ☐ YES ☐ NO

Signature of person to receive vaccine or person authorized to make request

_____
Signature

Screening Questionnaire for Immunizations

		Yes	No
1.	Is the child sick today?	____	____
2.	Has the child had a serious reaction to a vaccine in the past?	____	____
3.	Does the child have cancer, Leukemia, AIDS, or any other immune system problem?	____	____
4.	Has the child received a transfusion of blood or blood products, or been given a medicine called immune (gamma) globulin in the past year?	____	____
5.	Does the child have allergies to medications, food, any vaccine, or latex? If yes, please list allergies: _____	____	____
6.	Has the child had a seizure or brain problem?	____	____
7.	Has the child taken cortisone, prednisone, other steroids, or anticancer drugs, or had x-ray treatments in the past 3 months?	____	____
8.	Is the child/teen pregnant, or is there a chance she could become pregnant during the next month?	____	____
9.	Has the child received any vaccinations in the past 4 weeks?	____	____
10.	Does the child have excessive vomiting, diarrhea, or digestive difficulties?	____	____
11.	Has the child had chicken pox (varicella) disease? If yes, what age? _____	____	____

Sample provided by the Howard County Health Department

Form Completed By: _____ Date: _____
Form Reviewed By: _____ Date: _____

VACCINE ADMINISTRATION PATIENT RECORD

Last Name:	First Name:	Middle Name:	Patient ID:
Date of Birth:	Age:	Contraindication:	
DO NOT WRITE BELOW THIS LINE - For Clinic Use Only			
Clinic: Howard County Health Department 120 E. Mulberry Room 206 Kokomo, IN 46901		Date Vaccinated: September 24, 2009 Date VIS Provided to Parent/Guardian/Patient: September 24, 2009	

Vaccine	Manufacturer, Lot# & Exp. Date	Route/Site	Date of VIS
Tdap	**Tdap: GSK: AC52B046AA Exp: 12/05/11** **Sanofi: Exp:**	**LD** **RD IM**	**Tdap: 11/18/08**
MCV4	**Sanofi: U2932AA Exp: 08/17/10**	**LD** **RD IM**	**MCV4: 01/28/08**

X_____

Signature and Title of Vaccine Administrator

Sample provided by the Howard County Health Department

Spring 2009

VACCINE ADMINISTRATION
PATIENT RECORD

Last Name:	First Name:	Middle Name:	Patient ID:
Date of Birth:	Age:	Contraindication:	

DO NOT WRITE BELOW THIS LINE - For Clinic Use Only

Clinic: Howard County Health Department 120 E. Mulberry Room 206 Kokomo, IN 46901	Date Vaccinated: Date VIS Provided to Parent/Guardian/Patient:

Vaccine	Manufacturer, Lot# & Exp. Date	Route/Site	Date of VIS
Tdap	**Tdap: GSK** Aventis	**LD** **RD** **IM**	**Tdap: 07/12/06**
MCV4	**Aventis:**	**LD** **RD** **IM**	**MCV4: 08/16/07**
Hepatitis B **1 2 3 4**	**GSK:**	**LD** **RD** **IM**	**Hep B 07/18/07**

X_____

Signature and Title of Vaccine Administrator

Sample provided by the Whitley County Health Department

VFC Patient Eligibility Screening Record
Vaccine Administration Record & Vaccination Consent
School Tdap/Meningitis/Hepatitis B Vaccination/Varicella

School Name_____ Screening Date_____

Students Last Name _____ First Name _____ Middle Name _____

Date of Birth _____ Birth State _____ Physician Name _____ Gender M or F _____

Street Address _____ City _____ State _____ Phone _____

Race: Caucasian African American Asian Multi-racial Am. Indian Hawaiian-Pacific Islander Other
Hispanic Origin: Hispanic Non-Hispanic Unknown

This consent will be used for all subsequent visits as long as the child's eligibility status has not changed.

1)Is the child sick today?	Yes	No	Unsure
2)Does the child have allergies to medications, food, or any vaccine?	Yes	No	Unsure
3)Has the child had a serious reaction to a vaccine in the past?	Yes	No	Unsure
4)Has the child had a seizure or a brain problem?	Yes	No	Unsure
5)Does the child have cancer, leukemia, AIDS or any immune system problems?	Yes	No	Unsure
6)Has the child taken cortisone, prednisone, other steroids, or anti-cancer drugs or had x-ray treatments in the past 3 months?	Yes	No	Unsure
7)Has the child received a transfusion of blood or blood products or been given a medicine called immune (gamma) globulin in the past year?	Yes	No	Unsure
8)Is the child/teen pregnant or is there a chance she could become pregnant during the next month?	Yes	No	Unsure
9)Has the child received vaccinations in the past 4 weeks?	Yes	No	Unsure
10)Do you have Private Insurance?	Yes	No	
11)Do you have Medicaid? If yes, please provide number_____			
12)Are you uninsured?	Yes	No	

I have read the Tdap, Meningitis, & Hepatitis B information sheets and have had a chance to ask questions, which were answered to my satisfaction. I believe I understand the benefit and risks of the Vaccines, and request that all necessary injections e given to the person named above, for whom I am authorized to make this request. This consent can be revoked at any time during this process.

Authorized signature (Parent/Guardian signature) _____ Date _____

Signature of Nurse reviewing form _____ Date _____

Tdap	Meningitis	Varicella

Signature/Title of Vaccinator Date _____ Signature/Title of Vaccinator Date _____ Signature/Title of Vaccinator Date _____

Hepatits B #1	Hepatitis B # 2	Hepatitis B #3

Signature/Title of Vaccinator Date _____ Signature/Title of Vaccinator Date _____ Signature/Title of Vaccinator Date _____

Sample provided by the Elkhart County Health Department

Fairfield Jr-Sr High School 67530 US 33 Goshen, IN 46526 Phone: 574-831-2184 FAX 547-831-2187

Health Services News

Marie Whirledge, R.N. School Nurse

May 1, 2009

New Immunization Law requires more immunizations for all students

Beginning in the 2010-2011 school year, all students attending Fairfield Jr-Sr High School will be required to have additional immunizations. The Indiana Department of Health has given this information in advance so that parents can begin the process of bringing their child's immunizations up to date by the start of school in August, 2010.

Meningitis and TDap Booster required for 2010-2011

The following immunizations will be required by the first day of school in August, 2010:

One meningococcal vaccine (MCV4)

One Tdap (tetanus, diphtheria and pertussis or DPT) booster after the 10th birthday.

How do I know if my child needs more shots?

Please review your child's immunization record printed on the other side of this newsletter. Note the date of their last DPT/Tetanus shot. If the date is not after their 10th birthday, they will need a Tdap booster.

Also note line 11 "Meningococcal". If there is no date entered on this line, then we have no record of a Meningitis shot.

Plan ahead to avoid absences from school

Information about the new immunization requirement is being given to you now so that you can schedule the needed shots during the summer so your child will not need to miss school.

IF YOUR CHILD HAS NOT HAD THESE SHOTS:

PLEASE SCHEDULE AN APPOINTMENT AS SOON AS POSSIBLE.

CONTACT YOUR HEALTH CARE PROVIDER, and schedule an appointment

OR

CONTACT THE ELKHART COUNTY HEALTH DEPARTMENT and schedule an appointment. **See article below for contact information**

IF YOUR CHILD HAS HAD THESE SHOTS :

PLEASE SEND A COPY OF THEIR IMMUNIZATION RECORDS TO THE NURSE AS SOON AS POSSIBLE

Elkhart County Health Department offers shots at reduced cost

ELKHART COUNTY— Indiana If you do not have insurance to cover the cost of the Hepatitis B shots, please contact the Elkhart County Health Department to schedule an appointment. The cost of a Hepatitis B shot is $8.00. Call Toll-Free: 1-877-523-2283 Ext. 2127 for more information.

FOR MORE INFORMATION, PLEASE CONTACT THE SCHOOL NURSE

VACCINE ADMINISTRATION
RECORD OF PARENT/GUARDIAN OR RECIPIENT SIGNATURE

I have read or had explained to me the information in the "Vaccine Information Statement(s)" or the "Important Information Statement(s)" for the disease(s) and vaccine(s) checked below. I have had a chance to ask questions and fully understand the benefits and risks of the vaccine(s) checked below. I request that these vaccines be given to me or to the person named below.

Last Name_____ First_____ Birthday____/____/____ Age_____

Address_____ City_____ State_____ Zip_____

Home/Message Phone Number _____ Physicians Name_____

Signature of person to receive vaccine(s) or person authorized to consent to the immunization(s)

_____
Parent/Guardian Signature

_____ Date _____/_____/_____
Printed Name

Please answer the following question. Circle the correct answer.

My child: **A.** is enrolled in Hoosier Healthwise
B. **does not** have health insurance
C. **has** private health insurance (that **DOES** cover vaccines)
D. **has** health insurance but vaccines are **not** covered
E. Nat. American or Alaskan Indian

Health History

The following is a health history of your child to determine if there are any contraindications to giving your child immunizations. Please answer with a **"Yes", "No", or 'N/A".**

_____ 1. Is your child sick today?

_____ 2. Has the child had a serious reaction to a vaccine in the past?

_____ 3. Does your child have any severe (life-threatening) allergies?

_____ 4. Has the child ever had convulsions or any kind of nervous system problem?

_____ 5. Has your child gotten a transfusion, or any other blood product, recently?

_____ 6. Has your child had the chicken pox (varicella) **disease**? If YES when _____

_____ 7. If **NO** we recommend the chickenpox vaccine for anyone age 1 year-18 years. **Would you like the vaccine today?**

Do you have any questions regarding the immunizations your child will receive today?

When you have completed your form and have your vaccine record ready, please present them to the Health Department staff, one family at a time, or find a place in the line to work with the staff when it is your turn.
Thank you!

*********FOR OFFICE USE ONLY*********

___DTap ___Td ___Tdap ___DTaP/IPV ___DTaP/Hib/IPV ___DTaP/HepB/IPV ___Hib ___IPV ___MMR ___Hep B

___Varicella ___PCV7 ___MCV4 ___Hep A ___Rotavirus ___Flu ___HPV

STATE/LOCAL HEALTH DEPARTMENT LOGO
STATE/LOCAL HEALTH DEPARTMENT ADDRESS

DATE

Dear (NAME OF SCHOOL PRINCIPAL),

As you are aware based on communication from the (COUNTY SCHOOL SUPERINTENDENT'S OFFICE or OTHER APPLICABLE GOVERNMENT OFFICE), the STATE/LOCAL PUBLIC HEALTH DEPARTMENT will be offering the 2009 H1N1 influenza vaccine to children [and others indicated for initial doses of 2009 H1N1 vaccine] at your school this fall.

Cases of 2009 H1N1 influenza infections continued to occur in the United States and around the world over the summer, including outbreaks among children at camps. Younger persons are at increased risk of infection. Based on these data, the U.S. Advisory Committee on Immunization Practices has recommended that children and young adults aged 6 months through 24 years be vaccinated against 2009 H1N1 as soon as vaccine is available. Other groups recommended to receive initial doses of 2009 H1N1 influenza vaccine:

- Pregnant women
- People who live with or care for children younger than 6 months of age
- Healthcare and emergency medical services personnel, and
- People 25 through 64 years of age who are at higher risk for complications of 2009 H1N1 infections because of certain health conditions, including: chronic pulmonary (including asthma), cardiovascular (except hypertension), renal, hepatic, hematological (including sickle cell disease), neurologic, neuromuscular, or metabolic disorders (including diabetes mellitus); and immunosuppression, including that caused by medications or by HIV.

Vaccinating children [and other indicated groups] at school can help meet the demand for convenient, timely vaccination while decreasing the burden on local health care providers who may be busy treating those infected with 2009 H1N1 and/or seasonal influenza.

Because two doses of the 2009 H1N1 vaccine likely will be required for children to benefit fully from this vaccine, the STATE/LOCAL PUBLIC HEALTH DEPARTMENT would like to hold two vaccination clinics at your school scheduled three to four weeks apart. We will be sending out a proposed vaccination schedule soon.

We have included with this letter the following documents: (1) a letter to send to parents informing them about the clinics, (2) the 2009 H1N1 Vaccine Information Statement which contains information on the 2009 H1N1 vaccine, and (3) the parental consent form(s), which will need to be reviewed and signed by parents and returned to school staff [versus brought to the vaccine clinic, depending on how the clinic is structured] before a child can be vaccinated. The form provides a place for parents who do not want their child vaccinated to decline vaccination.

TEMPLATE

We will contact you soon to discuss specific plans for holding the clinics. If you have questions, please contact _____ at: xxx-xxx-xxxx. For more information about the 2009 H1N1 influenza virus or vaccine, please visit the STATE/LOCAL PUBLIC HEALTH DEPARTMENT website ( ) or the Centers for Disease Control and Prevention (CDC) website (http://www.cdc.gov/h1n1flu/).

Thank you,

State or local public health official

TEMPLATE

STATE/LOCAL HEALTH DEPARTMENT LOGO
STATE/LOCAL HEALTH DEPARTMENT ADDRESS

DATE

Dear Health Care Provider,

Cases of 2009 H1N1 influenza infections continued to occur in the United States and around the world over the summer, including outbreaks among children at camps. Younger persons are at increased risk of infection. Based on these data, the U.S. Advisory Committee on Immunization Practices has recommended that initial doses of 2009 H1N1 vaccine be prioritized for:

- Children and young adults 6 months through 24 years of age
- Pregnant women
- People who live with or care for children younger than 6 months of age
- Healthcare and emergency medical services personnel, and
- People 25 through 64 years of age who are at higher risk for complications of 2009 H1N1 infections because of certain health conditions including chronic pulmonary (including asthma), cardiovascular (except hypertension), renal, hepatic, hematological (including sickle cell disease), neurologic, neuromuscular, or metabolic disorders (including diabetes mellitus); and immunosuppression, including that caused by medications or by HIV.

Vaccinating children at school can help meet the demand for convenient, timely vaccination of school-aged children while decreasing the burden on local health care providers who may be busy treating those infected with the 2009 H1N1 virus and/or seasonal influenza.

This letter is to inform you that the (STATE/LOCAL PUBLIC HEALTH DEPARTMENT) is planning to hold school-located 2009 H1N1 vaccination clinics in your community this Fall. We will be contacting parents and sending them information about the vaccine, the disease, and the vaccination clinic. We will also be requesting that they either provide or decline consent for this vaccine.

Many parents may not be familiar with the concept of school-located vaccination clinics and may contact you for advice about the disease and the vaccine, including whether it is wise to have their child vaccinated at school. We hope you will be able to reassure parents that having their child vaccinated against 2009 H1N1 at school is a safe alternative to vaccination at a health care provider's office. We would be more than happy to talk with you further. Please contact [PROVIDE APPROPRIATE CONTACT INFORMATION]

For additional information about the 2009 H1N1 virus or vaccine, please visit STATE/LOCAL PUBLIC HEALTH DEPARTMENT website ( ) or the Centers for Disease Control and Prevention (CDC) website (http://www.cdc.gov/h1n1flu/). For information about school-located vaccination clinics, please go to (STATE/LOCAL PUBLIC HEALTH DEPARTMENT WEBSITE) or contact us at (STATE/LOCAL HEALTH DEPARTMENT PHONE NUMBER). Health care providers are encouraged to report clinically significant adverse events after 2009 H1N1 vaccine or any vaccine to the Vaccine Adverse Event Reporting System (VAERS)

TEMPLATE

(http://vaers.hhs.gov/). A report should be submitted even if reporter is not certain that the vaccine caused the event. Reports may be filed securely online, by mail, or by fax. Report forms are available online or can be obtained by calling 1-800-822-7967.

Thank you,

State or local public health official

TEMPLATE

STATE or LOCAL HEALTH DEPARTMENT LOGO

STATE or LOCAL HEALTH DEPARTMENT NAME
ADDRESS

DATE

Dear Parents/guardians:

As you may have heard, a new influenza virus, called the 2009 H1N1 influenza virus, was first identified in the United States in late April 2009. The virus has caused illness ranging from mild to severe, including hospitalizations and deaths in adults and children. Many children have gotten 2009 H1N1 infection and there have been large outbreaks in some schools across the country. The Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices has recommended that children and young adults aged 6 months through 24 years be vaccinated against 2009 H1N1 as soon as the vaccine is available. Other groups recommended to get the first available doses of the vaccine include:

- Pregnant women
- People who live with or care for children younger than 6 months of age
- Health care and emergency medical services workers, and
- People ages 25 through 64 years who have certain health conditions such as HIV, diabetes, or heart or lung disease.

Vaccination is the best way to protect your child from this potentially serious disease. The STATE/LOCAL health department is working with your child's school to give the 2009 H1N1 influenza vaccine to children at school. We will hold vaccination clinics beginning this fall, and your child's school will let you know the specific dates once vaccine is on hand. School staff will send you more information about the disease and the vaccine. They will also send you a form that will include options allowing you to either accept or refuse the vaccination for your child. If you refuse, the vaccination will not be given to your child.

Children are expected to need two doses of vaccine spaced about 3 weeks apart. There will be no cost to you for this vaccine.

If you have any questions about the vaccine or the vaccination clinics, please call: xxx-xxx-xxxx from X AM to X PM. Please visit the CDC's 2009 H1N1 influenza web site at http://www.cdc.gov/h1n1flu/ and also http://www.cdc.gov/h1n1flu/parents for information especially for parents. Your child's health care provider also can answer your questions about the 2009 H1N1 influenza virus and will be able to give your child the seasonal influenza vaccine and may be able to give your child the 2009 H1N1 vaccine.

Sincerely,

State or local health department official

TEMPLATE

STATE or LOCAL HEALTH DEPARTMENT LOGO
STATE or LOCAL HEALTH DEPARTMENT ADDRESS

DATE

Dear Parents/Guardians:

As you may have heard, a new influenza virus, called the 2009 H1N1 influenza virus, was first identified in the United States in late April 2009. The virus has caused illness ranging from mild to severe, including hospitalizations and deaths in adults and children. Many children have gotten 2009 H1N1 infection and there have been large outbreaks in some schools across the country. The Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices has recommended that children and young adults aged 6 months through 24 years be vaccinated against 2009 H1N1 as soon as the vaccine is available. Other groups recommended to get the first doses of 2009 H1N1 influenza vaccine are:

- Pregnant women
- People who live with or care for children younger than 6 months of age
- Health care and emergency medical services workers, and
- People ages 25 through 64 years who have certain health conditions such as HIV, diabetes, or heart or lung disease.

Vaccination is the best way to protect your child from this potentially serious disease. The STATE/LOCAL health department is working with your child's school to give the 2009 H1N1 influenza vaccine to children at school. We will hold vaccination clinics beginning this fall, and your child's school will let you know the specific dates once vaccine is on hand. Children are expected to need two doses of vaccine spaced about 3 weeks apart. There will be no cost to you for this vaccine.

The vaccine consent form includes options allowing you to either accept or refuse the vaccination for your child. If you refuse, the vaccination will not be given to your child. There are two ways you can accept:

1) You can read the "What you need to know" form included with this letter about the disease and the vaccine. You must then sign and date the included consent form to accept vaccination for your child and return it to the school. If you accept vaccination, the vaccine will be given to your child when it is on hand. School staff will let you know when the vaccination clinic will take place about [__weeks] before. If, at any time, you change your mind about having your child vaccinated, you can [INSTRUCTIONS ON HOW TO WITHDRAW CONSENT]. Giving consent early will ensure that your child is ready to receive the vaccine as soon as it is on hand.

2) If you prefer, you can wait until school staff send you a second informational packet closer to the time when vaccinations will be offered at your child's school. This packet will also contain a "What you need to know" form about the disease and the vaccine as well as a consent form that you can sign and date to accept vaccination for your child.

TEMPLATE

If you have any questions about the vaccine or the vaccination clinics, please call: xxx-xxx-xxxx from X AM to X PM. Please visit the CDC's 2009 H1N1 influenza web site at http://www.cdc.gov/h1n1flu/ and also http://www.cdc.gov/h1n1flu/parents for more information especially for parents. Your child's health care provider also can answer your questions about the 2009 H1N1 influenza virus and will be able to give your child the seasonal influenza vaccine and may be able to give your child the 2009 H1N1 vaccine.

Sincerely,

State or local health department official

TEMPLATE

2009 H1N1 Influenza Vaccine Consent Form

Section 1: Information about Child to Receive Vaccine (please print)

STUDENT'S NAME (Last)	(First)	(M.I.)	**STUDENT'S DATE OF BIRTH** **month_____ day_____ year_____**	
PARENT/LEGAL GUARDIAN'S NAME (Last)	(First)	(M.I.)	**STUDENT'S AGE**	**STUDENT'S GENDER** **M / F**
ADDRESS			**PARENT/GUARDIAN DAYTIME PHONE NUMBER:**	
CITY	**STATE**	**ZIP**		
SCHOOL NAME			**GRADE**	

Section 2: Screening for Vaccine Eligibility

If your child has already been vaccinated with 2009 H1N1 influenza vaccine, please tell us the number of doses and dates of vaccination.

☐ Dose 1 Date received: month__day__year____ Form (please circle): nasal spray shot

☐ Dose 2 Date received: month__day__year____ Form (please circle): nasal spray shot

The following questions will help us know if your child can get the 2009 H1N1 influenza vaccine. Please mark YES or NO for each question.

If you answer "NO" to all four of the following questions, your child can probably get the influenza vaccine. If you answer "YES" to one or more of the following four questions, your child may be able to get the 2009 H1N1 vaccine, but we will contact you to discuss your options.

	YES	NO
1. Does your child have a serious allergy to eggs?	☐	☐
1. Does your child have any other serious allergies that you know of? Please list: _____	☐	☐
3. Has your child ever had a serious reaction to a previous dose of flu vaccine?	☐	☐
4. Has your child ever had Guillain-Barré Syndrome (a type of temporary severe muscle weakness) within 6 weeks after receiving a flu vaccine?	☐	☐

Section 3: Consent

CONSENT FOR CHILD'S VACCINATION:

I have read or had explained to me the 2009-2010 Vaccine Information Statement for the 2009 H1N1 influenza vaccine and understand the risks and benefits.

I GIVE CONSENT to the STATE/LOCAL health department and its staff for my child named at the top of this form to get vaccinated with this vaccine. (If this consent form is not signed, dated, and returned, then you child will not be vaccinated at school.)

Signature of Parent/Legal Guardian _____

Date: month_____day_____year_____

I DO NOT GIVE CONSENT to the STATE/LOCAL health department and its staff for my child named at the top of this form to get vaccinated with this vaccine.

Signature of Parent/Legal Guardian_____

Date: month_____day_____year_____

Section 4: Permission to Release Information

Placeholder for parental consent for release of data from vaccination record.

Section 5: Vaccination Record

FOR ADMINISTRATIVE USE ONLY

Vaccine	Date Dose Administered	Route	Dose Number (1st or 2nd)	Vaccine Manufacturer	Lot Number	Name and Title of Vaccine Administrator
2009 H1N1	/ /	IM				
2009 H1N1	/ /	IM				

TEMPLATE

2009 H1N1 Influenza Vaccine Consent Form

Section 1: Information about Child to Receive Vaccine (please print)

STUDENT'S NAME (Last)	(First)	(M.I.)	**STUDENT'S DATE OF BIRTH** **month_____ day_____ year _____**	
PARENT/LEGAL GUARDIAN'S NAME (Last)	(First)	(M.I.)	**STUDENT'S AGE**	**STUDENT'S GENDER** **M / F**
ADDRESS			**PARENT/GUARDIAN DAYTIME PHONE NUMBER:**	
CITY	**STATE**	**ZIP**		
SCHOOL NAME			**GRADE**	

Section 2: Screening for Vaccine Eligibility

If your child has already been vaccinated with 2009 H1N1 influenza vaccine, please tell us the number of doses and dates of vaccination.

☐ Dose 1 Date received: month ____day____year_____ Form (please circle): nasal spray shot
☐ Dose 2 Date received: month ____day____year_____ Form (please circle): nasal spray shot

The following questions will help us to know if your child can get the 2009 H1N1 influenza vaccine. Please mark YES or NO for each question.

A. If you answer "NO" to all four of the following questions, your child can probably get the influenza vaccine. If you answer "YES" to one or more of the following four questions, your child may be able to get the 2009 H1N1 vaccine, but we will contact you to discuss your options.

	YES	NO
1. Does your child have a serious allergy to eggs?	☐	☐
2. Does your child have any other serious allergies? Please list: _____	☐	☐
3. Has your child ever had a serious reaction to a previous dose of flu vaccine?	☐	☐
4. Has your child ever had Guillain-Barré Syndrome (a type of temporary severe muscle weakness) within 6 weeks after receiving a flu vaccine?	☐	☐

B. There are two kinds of 2009 H1N1 influenza vaccine. Your answers to the following questions will help us know which of the two kinds of vaccine your child can get.

	YES	NO
1. Has your child gotten vaccinated with any vaccine (not just flu) within the past 30 days? Vaccine: _____ Date given: month_____day_____year_____	☐	☐
2. Does your child have any of the following: asthma, diabetes (or other type of metabolic disease), or disease of the lungs, heart, kidneys, liver, nerves, or blood?	☐	☐
3. Is your child on long-term aspirin or aspirin-containing therapy (for example, does your child take aspirin every day)?	☐	☐
4. Does your child have a weak immune system (for example, from HIV, cancer, or medications such as steroids or those used to treat cancer)?	☐	☐
5. Is your child pregnant?	☐	☐
6. Does your child have close contact with a person who needs care in a protected environment (for example, someone who has recently had a bone marrow transplant)?	☐	☐

Section 3: Consent

CONSENT FOR CHILD'S VACCINATION:
I have read or had explained to me the 2009-2010 Vaccine Information Statement for the 2009 H1N1 influenza vaccine and understand the risks and benefits.

I GIVE CONSENT to the STATE/LOCAL health department and its staff for my child named at the top of this form to be vaccinated with this vaccine. (If this consent form is not signed, dated, and returned, then your child will not be vaccinated at school) Signature of Parent/Legal Guardian _____ Date: month_____day_____year_____	I DO NOT GIVE CONSENT to the STATE/LOCAL health department and its staff for my child named at the top of this form to be vaccinated with this vaccine. Signature of Parent/Legal Guardian_____ Date: month_____day_____year_____

Section 4: Permission to Release Information

Placeholder for parental consent for release of data from vaccination record.

Section 5: Vaccination Record

FOR ADMINISTRATIVE USE ONLY

Vaccine	Date Dose Administered	Route	Dose Number (1st or 2nd)	Vaccine Manufacturer	Lot Number	Name and Title of Vaccine Administrator
2009 H1N1	/ /	☐ IM ☐ Intranasal				
2009 H1N1	/ /	☐ IM				

TEMPLATE

		☐ Intranasal				

TEMPLATE

Influenza Vaccination Record

Provider: (name, address, phone)	
Full name / Nombre completo:	

Date of birth / Fecha de nacimiento: ___ ___ / ___ ___ / ___ ___
mm dd yy/aa

Attention! / ¡Atención!

Keep this Vaccination Record for at least 1 year after your last vaccination. / Conserve este registro de vacunación hasta por lo menos 1 año después de recibir la última vacuna.

What if I think I am having a reaction to a vaccination?

- Contact your doctor or your local health department if you don't have a doctor
- Tell your doctor what happened
- Show your doctor this Vaccination Record
- You or your doctor should report the reaction to the **Vaccine Adverse Event Reporting System (VAERS) at 1-800-822-7967 or http://vaers.hhs.gov**

¿Qué hago si creo que tengo una reacción a la vacuna?

- Contacte a su médico o al departamento de salud local si no tiene un médico personal
- Infórmele a su médico la reacción que tuvo
- Muéstrele al médico este registro de vacunación
- Usted o el médico debe reportar la reacción al **Sistema de Notificación de Reacciones Adversas a las Vacunas (VAERS) al 1-800-822-7967 o http://vaers.hhs.gov**

Influenza Vaccination Information

Vaccine	Dose	Lot Number	Manufacturer	Date
2009 H1N1 ..... Adjuvant	1st	.....		__ __ / __ __ / __ __ (m m / d d / y y)
2009 H1N1 ..... Adjuvant	2nd	.....		__ __ / __ __ / __ __ (m m / d d / y y)
2009–2010 Seasonal	1st			__ __ / __ __ / __ __ (m m / d d / y y)
	2nd			__ __ / __ __ / __ __ (m m / d d / y y)

***Reminder!* Return for a second dose! /**
***¡Recuerde!* ¡Regrese por la segunda dosis!**

☐ **2009 H1N1 influenza vaccine** Date/Fecha: __ __ / __ __ / __ __ (m m / d d / y y / a a)
Vacuna contra la influenza H1N1 2009

☐ **2009–2010 seasonal influenza vaccine** Date/Fecha: __ __ / __ __ / __ __ (m m / d d / y y / a a)
Vacuna contra la influenza estacional 2009–2010

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